Union Calendar No. 605

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| 99TH CONGRESS<br>*2d Session* | HOUSE OF REPRESENTATIVES | REPORT<br>99-1020 |

# PROGRESS REPORT ON THE ACTIVITIES

OF THE

# SELECT COMMITTEE ON HUNGER

## NINETY-NINTH CONGRESS

DECEMBER 18, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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# LETTER OF TRANSMITTAL

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U.S. HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON HUNGER,
*Washington, DC, December 18, 1986.*

Hon. THOMAS P. O'NEILL, Jr.,
*Speaker, Washington, DC.*

DEAR MR. SPEAKER: I am pleased to transmit the enclosed Progress Report of the Select Committee on Hunger, which informs the House of Representatives of the Committee's activities during the 99th Congress, in the areas of domestic and international hunger and malnutrition.

Should there be any additional questions, please do not hesitate to contact me or Randy Katsoyannis at the Committee. In addition, I would like to request that the Committee have access to 300 copies of the report once it has been published. Thank you in advance for your assistance in this matter.

Sincerely,

MICKEY LELAND, *Chairman.*

Enclosure.

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**Union Calendar No. 605**

99TH CONGRESS
*2d Session*
HOUSE OF REPRESENTATIVES
REPORT
99-1020

# PROGRESS REPORT ON THE ACTIVITIES OF THE SELECT COMMITTEE ON HUNGER DURING THE 99TH CONGRESS

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DECEMBER 18, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. LELAND, from the Select Committee on Hunger,
submitted the following

# REPORT

## SECTION 1: SUMMARY OF COMMITTEE'S WORK

### I. OVERVIEW OF THE SELECT COMMITTEE'S MANDATE AND INVESTIGATIONS

### *A. The Committee's Mandate*

The Select Committee on Hunger was created on February 22, 1984, by a vote of 309-78 in the House of Representatives. The resolution authorizing the Committee, H. Res. 15, was cosponsored by 258 Members and was supported by a diverse coalition of over 60 national organizations. On March 7, 1985, the Select Committee was reauthorized by a vote of 286-124 in the House of Representatives. Presently, there are over 190 private organizations representing a broad coalition who are supporting reauthorization of the Committee in the 100th Congress.

The Select Committee's mandate is to conduct a continuing comprehensive study and review of the problems of domestic and international hunger and malnutrition. During the 99th Congress, the Committee's work was diverse: 23 hearings, six basic human needs seminars and numerous briefings were held; nine reports were published and coordination with standing committees of jurisdiction assured a comprehensive approach to hunger-related issues. Members of the Committee and staff visited Ethiopia, Sudan, Somalia, Mali, Senegal, Ghana and the Ivory Coast to view first hand, and discussed with representatives of international relief and development organizations, private and voluntary organization officials and with U.S. Government and host government agency officials on matters central to the famine crisis then threatening the lives of millions of Sub-Saharan people. Additionally, long-term development initiatives were addressed and ideas exchanged with West African officials both directly and through satellite teleconference technology.

The Committee's hearing and briefing schedule was as follows:

### 1985-86 HEARING SCHEDULE

(Washington, D.C. and Regional)

*1985*

April 18, Washington, D.C.—Food Aid and the Role of PVO's.

May 16, Washington, D.C.—International Nutrition and Health Initiatives.

May 23, Washington, D.C.—Health Consequences of Hunger on U.S. Infants and Children. Joint hearing with Committee on Energy and Commerce.

June 6, Washington, D.C.—Population Growth and Hunger.

July 9, Washington, D.C.—Coordination and Simplification of Domestic Federal Assistance Programs.

July 25, Washington, D.C.—Africa: Famine Relief and Rehabilitation.

September 26, Washington, D.C.—Poverty and Hunger in the Black Family.

October 22, Washington, D.C.—Appalachia: Rural Women and the Economics of Hunger.

November 8, Brooklyn, N.Y.—Regional Hearing: Socio-Economic Factors Associated with Hunger and Poverty in Urban America.

November 14, Washington, D.C.—Immunizing the World's Children by 1990.

December 5, Washington, D.C.—Famine and Recovery in Africa: The U.S. Response. Joint Hearing with African Subcommittee of the House Foreign Affairs Committee.

*1986*

February 25, Washington, D.C.—Micro-Enterprise Credit.

March 6, Washington, D.C.—Hunger Among the Homeless.

April 17, Washington, D.C.—Family Food Production in Africa: Sustainable Agriculture Through Extension and Apprpriate Technology.

April 22, Washington, D.C.—Hunger and the Elderly, joint hearing with the Select Committee on Aging.

April 30, Washington, D.C.—Part 2: International Nutrition and Health.

May 15, Washington, D.C.—Self-Help Programs.

June 6, Houston, TX—Regional Hearing: The Causes and Consequences of Hunger and Poverty in Houston.

June 25, Washington, D.C.—Hunger Relief Act of 1986. Joint hearing with the Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition, Education and Labor Subcommittee on Human Resources and Elementary, Secondary and Vocational Education and the Science and Technology Subcommittee on Science, Research and Technology.

July 17, Washington, D.C.—U.S. Food Assistance and the Food Security Act of 1985.

July 24, Washington, D.C.—Environmental Degradation: Linkages to Hunger/U.S. Foreign Disaster Assistance Programs.

July 31, Washington, D.C.—Hunger Among Migrant and Seasonal Farmworkers.

August 5, Washington, D.C.—Poverty, Hunger and the Welfare System.

September 17, Washington, D.C.—Teleconference Via Satellite from Lagos, Nigeria: African Views on Food Security and Self-Sufficiency.

## 1985-86 SEMINARS AND SPECIAL AWARENESS EVENTS

(Washington, D.C.)

*1985*

January 31—Joint press conference with the Office of Technology Assessment releasing a Select Committee on Hunger commissioned technical memorandum, "Africa Tomorrow: Issues of Technology, Agriculture and U.S. Foreign Aid."

February 21—Private sector advisory board meeting attended by 20 members who heard from panelists from the U.S. Agency for International Development, U.S. Department of Agriculture, the Overseas Private Investment Corporation, Peace Corps and Oxfam America. The Board members formed eight work groups to discuss specific topics and reported their findings to the Select Committee.

April 30—The Committee's first in a series of Basic Human Needs Seminars was held on the topic of "Women in Developing Countries." The role of women in less developed countries was discussed by: Mayra Buvinic, Director, International Center for Research on Women; Nadia Youssef, Senior Policy Specialist, Women's Activities Division, UNICEF; and Purification Angue Ondo, Vice Minster of Work, Social Welfare and the Promotion of Women, Equatorial Guinea.

May 7—A press conference focused on the mounting surpluses available in the United States, and the options available to legislators for effective use of the surplus in stock to benefit the hungry and malnourished in the United States and abroad.

May 8—The Second Basic Human Needs Seminar covered "Small-Scale Enterprise Credit." The discussion on the extention of credit in small amounts to the poor was led by Jeffrey Ashe, Senior Associate Director, Action International, and Frank Penna, Project Director, the Policy Sciences Center, Inc.

June 13—The third Basic Human Needs Seminar was held on "Hunger and the Economic Sanctions in Bolivia." Speakers included Clyde Taylor, Deputy Assistant Secretary, International Narcotics, Department of State; David Kohen, Bolivia Mission Director, Agency for International Development; Kervin Healy, Specialist, Bolivia Affairs, Inter-American Foundation; and John Cusack, Chief of Staff, Select Committee on Narcotics Abuse and Control.

October 15—The Committee announced the issuance of a "Help End Hunger Stamp" in cooperation with the U.S. Postal Service to coincide with World Food Day. 120 million stamps were issued. The

Committee also took this opportunity to recognize 10 grassroots individuals from around the nation for their efforts to alleviate hunger.

October 16—Committee Members participated in "Hunger Watch," a public awareness event which informed the public of needs and accomplishments of people in need of food and assistance and other World Food Day activities.

December 16—A public awareness event was held on the subject of Immunizing the World's Children by 1990. This event coincided with UNICEF's release of the State of the World's Children Report," which is issued each year.

*1986*

March 19—The committee released a bipartisan report entitled, "Peace Corps: 25 Years of Alleviating Hunger," which coincided with the 25th anniversary of the Peace Corps. Committee Members and other Members of Congress joined Peace Corps Director Loret Ruppe in issuing the study.

April 21—The fourth Basic Human Needs Seminar, was held on the World Bank Report on "Poverty and Hunger: Issues and Options for Food Security In Developing Countries." Dr. G. Edward Schuh of the World Bank briefed Members of Congress and congressional staff.

May 25—The Committee facilitated Hands Across America's organization in enlisting Member and staff participation in Washington and around the United States in the 4,000-mile human chain.

July 8—The Committee held a fifth Basic Human Needs Seminar on "American Rural Care Issues," focusing on the delivery of health and human services in rural America. Dr. Walter Sheppard, Assistant Dean of East Carolina University School of Medicine and Cecil Gibbon, Assistant Director of Administrative Services and Lecturer, East Carolina University School of Medicine, were speakers.

July 22—The sixth Basic Human Needs Seminar was held on "Population and Family Planning Issues and the Relationship to Hunger," with Dr. Fred Sai of the World Bank, and Congressman Sander Levin, as moderator.

September 18—The Committee co-sponsored the End Hunger Network Student Forum at which university students from around the country reported to Members of the Committee on their hunger-related activities.

September 19—Committee participated in the Peace Corps 25th Anniversary reunion events which took place on the Mall.

October 16—The Committee participated in the World Food Day activities.

October 21—The Committee held a forum on credit for poor people in developing countries with: Dr. Muhammad Yumus, Professor of Economics at Chittagong University in Bangladesh and founder of the Grameen Bank; Mike Farbman, Chief of the Employment and Enterprise Development Division at AID; Ken Cole, Inter-American Development Bank; Edward Marasciulo, Executive Vice President of the Pan American Development Foundation; Ernie Kalibala, a Ugandan consultant, African Development Foundation. Discussions on micro-enterprise credit, initiatives in developing nations to increase the resource of the poor were highlighted.

### *B. Summary of Committee's Work*

Since the creation of the Select Committee, and particularly during the 99th Congress, the Committee has been successful in working in a bipartisan fashion on practical ways to alleviate the complex problems of hunger. The 99th Congress has been most productive in making strides to alleviate the scourge of hunger and malnutrition. Specifically, the Committee's work on hunger-related issues has been enhanced by its cooperative efforts with the standing committees of jurisdiction. The Committee focused its investigation on several major areas.

In the international area, the Committee gave much attention to primary health care in anti-hunger programs so as to attack the vicious cycle of malnutrition and infection. Further, the Committee was instrumental in efforts centering on African famine relief, focusing on emergency food and non-food relief and rehabilitation aid to twenty drought-stricken countries, as well as playing a major role in generating considerable private sector support for the emergency programs of voluntary agencies. The Select Committee served as the primary source of information for the Congress on the famine situation and the U.S. Government's response to that crisis. The Committee has periodically issued detailed situation reports summarizing relief needs and activities since September of 1984.

Additionally, the Committee's research uncovered evidence that simple and inexpensive vitamin A deficiency intervention programs could prevent hundreds of thousands of children from incurring blindness each year and significantly lower child mortality rates. The Committee's call for action led to an earmark of funds for both 1986 and 1987 AID agriculture and nutrition accounts. Committee focus on the child survival initiatives, specifically on immunization, led to increased authorization and appropriations for 1987. Another major area of Committee attention was in food aid enhancement and reform. Working with several committees and congressional offices, legislation was developed and passed to increase commodity levels under P.L. 480 and Section 416, as well as increase monetization authority for certain commodities. Multiyear programming agreements and efforts to increase the developmental impact of the food aid program were also elements of the legislation adopted. The Committee studied and disseminated information on the issue of expanding micro-enterprise credit, that is, the extension of credit to the poorest of the poor to enhance their food purchasing power and the ability to meet basic human needs.

The Committee's investigation on domestic issues has focused on the effectiveness and accessibility of anti-hunger programs, methods for improving coordination and simplification of public assistance programs and the groups most vulnerable to hunger. The Committee worked with the House and Senate Appropriations Committees to secure the inclusion of funding in fiscal year 1987 for two state demonstration projects for nutrition surveillance systems to identify severe undernutrition among children treated at hospitals. The Committee was instrumental in the inclusion of provisions prohibiting sales tax on food purchased with food stamps and the Special Supplemental Food Assistance Program for Women, Infants and Children. Investigations of program coordination were instrumental in achieving improved implementation of Food Stamp Program provisions providing increased access for the elderly. Committee Members secured passage of an amendment providing supplemental funding for the Temporary Emergency Food Assistance Program. Finally, based on investigations of hunger among the homeless, legislation was developed and passed improving accessibility and utility of the Food Stamp Program for the homeless.

### *C. Need for Further Efforts*

There is a strong bipartisan concensus of the Select Committee on Hunger in favor of the reauthorization of the Committee for the 100th Congress. The Members believe they can offer a valuable perspective on the hunger debate in both the international and domestic areas. Key issues involving programs which are intended to alleviate hunger and malnutrition will be considered during the 100th Congress. As the only committee in Congress mandated to focus solely on the diverse and complex issues relating to hunger, the need for the Select Committee remains. Hearings in Washington, D.C., and around the nation, as well as fact-finding missions in less developed countries have provided evidence that much more remains to be done. The hunger problem is multi-dimensional and defies easy solution.

Though the Committee has accomplished much in two-and-a-half years, it is using the knowledge acquired in that time to examine and recommend specific issues for investigation during the 100th Congress including:

Arresting environmental decline, a critical element in the effort to assist people in gaining food security in large areas of less developed countries;

Examing enhancing mechanisms of the U.S. Government's foreign disaster assistance programs;

Exploring effects of rapid population growth on per capita food availability and on the health status of mothers and children which is at the core of hunger alleviation efforts;

Continuing attention to initiatives regarding microenterprise to the poor for the purpose of increasing their food purchasing power and meeting their basic human needs;

Looking at the lack of a reliable and safe water supply which is the major impediment in the improvement of the health and nutritional status of millions of malnourished people;

Exploring appropriate U.S. Government participation in a World Health Organization campaign to eradicate guinea worm disease, which drastically reduces food production in the infected areas as well as causing numerous health problems;

Examining proposals to enhance basic literacy programs given the strong correlation between literacy rates and hunger;

Continuing attention to proposals which would expand food production for family consumption through nutrition education and appropriate technological assistance;

Exploring proposals to coordinate and simplify public assistance programs;

Continuing focus on hunger among specific vulnerable groups, including American Indians, the homeless, Appalachian communities, farm families and migrant farmworkers;

Monitoring the impact of welfare reform provisions on food assistance programs;

Improving utilization of food assistance programs;

Examining the diversity of rural/urban food costs, and the incentives grocery chains might need to invest in poor communities;

Further exploring the private/public partnerships to alleviate hunger.

## SECTION 2: COMMITTEE HISTORY AND ACTIVITIES

### I. COMMITTEE AUTHORITY AND ORGANIZATION

### *A. Legislative history*

A resolution to create the Select Committee on Hunger, H. Res. 15, was introduced on January 3, 1983 by Representatives Mickey Leland and Benjamin Gilman. The resolution was referred to the Rules Committee, which held a hearing on H. Res. 15. A substitute resolution was reported by the Rules Committee shortly thereafter. The House passed the resolution overwhelmingly in February 1984.

The Committee introduced H. Res. 20, a resolution to reconstitute the Select Committee on Hunger on January 3, 1985. Once again, as legislation of original jurisdiction, the resolution was referred to the Rules Committee which held a hearing on H. Res. 20. The resolution was reported by the Rules Committee, and passed by the House on March 7, 1985.

The text of House Resolution 20 providing for the establishment of the Select Committee is reproduced below:

### H. Res. 20

### TO ESTABLISH THE SELECT COMMITTEE ON HUNGER

### IN THE HOUSE OF REPRESENTATIVES

January 3, 1985

### RESOLUTION

### To Establish the Select Committee on Hunger

That there is hereby established in the House of Representatives a select committee to be known as the Select Committee on Hunger (hereinafter referred to as the "select committee").

### FUNCTIONS

SEC. 2. (a) The select committee shall not have legislative jurisdiction. The select committee shall have authority—

(1) to conduct a continuing comprehensive study and review of the problems of hunger and malnutrition, including but not

limited to, those issues addressed in the reports of the Presidential Commission on World Hunger and the Independent Commission on International Development Issues, which issues include—

(A) the United States development and economic assistance program and the executive branch structure responsible for administering the program;

(B) world food security;

(C) trade relations between the United States and less developed countries;

(D) food production and distribution;

(E) corporate and agribusiness efforts to further international development;

(F) policies of multilateral development banks and international development institutions; and

(G) food assistance programs in the United States;

(2) to review any recommendations made by the President, or by any department or agency of the executive branch of the Federal Government, relating to programs or policies affecting hunger or malnutrition; and

(3) to recommend to the appropriate committees of the House legislation or other action the Select Committee considers necessary with respect to programs or policies affecting hunger or malnutrition.

(b) Nothing contained in this resolution shall be construed to limit or alter the legislation and oversight jurisdiction of any standing committee of the House under rule X of the Rules of the House of Representatives.

### APPOINTMENT AND MEMBERSHIP

Sec. 3. (a) The select committee shall be composed of seventeen Members of the House, who shall be appointed by the Speaker, one of whom shall be designated as chairman.

(b) Any vacancy occurring in the membership of the select committee shall be filled in the same manner in which the original appointment was made.

(c) For purposes of this section, the term "Members" shall include any Representative in, or Delegate or Resident Commissioner to, the House of Representatives.

### AUTHORITY AND PROCEDURES

Sec. 4. (a) For purposes of carrying out this resolution, the select committee is authorized to sit and act during the present Congress at such times and places within the United States, including any commonwealth or possession thereof, or elsewhere, whether the House is in session, has recessed, or has adjourned, and to hold such hearings as it deems necessary.

(b) The provisions of clauses 1, 2, and 3 of rule XI of Rules of the House of Representatives shall apply to the select committee except the provisions of clause 2(m)(1)(B) of rule XI relating to subpoena power.

(c) Nothing contained in subsection (a) of this section shall be construed to limit the applicability of clause 2(i) of Rule XI of the Rules of the House of Representatives to the select committee.

### ADMINISTRATIVE PROVISIONS

SEC. 5. (a) Subject to the adoption of expense resolutions as required by clause 5 of rule XI of the Rules of the House of Representatives, the select committee may incur expenses in connection with its duties under this resolution.

(b) In carrying out its functions under this resolution, the select committee is authorized—

(1) to appoint, either on a permanent basis or as experts or consultants, such staff as the select committee considers necessary;

(2) to utilize the services of the staffs of those committees of the House from which Members have been selected for membership on the select committee;

(3) to prescribe the duties and responsibilities of such staff;

(4) to fix the compensation of such staff at a single per annum gross rate which does not exceed the highest rate of basic pay, as in effect from time to time, of level V of the Executive Schedule in section 5316 of title 5, United States Code;

(5) to terminate the employment of any such staff as the select committee considers appropriate; and

(6) to reimburse members of the select committee and of its staff for travel, subsistence and other necessary expenses incurred by them in the performance of their duties and responsibilities for the select committee, other than expenses in connection with any meeting of the select committee held in the District of Columbia.

### REPORTS AND RECORDS

SEC. 6. (a) The select committee shall submit an annual report to the House which shall include a summary of the activities of the select committee during the calendar year to which the report applies.

(b) Any such report which is made when the House is not in session shall be filed with the Clerk of the House.

(c) The records, files, and materials of the select committee shall be transferred to the Clerk of the House.

### RULES OF THE SELECT COMMITTEE ON HUNGER

#### *Rule 1—Meetings*

The regular meetings of the committee shall be held on the third Tuesday of each month at 9:45 a.m., except when Congress has adjourned. The chairman is authorized to dispense with a regular meeting or to change the date thereof, and to call and convene additional meetings, when circumstances warrant. A special meeting of the committee may be requested by members of the committee in accordance with the provisions of House Rule XI, 2(c)(2). Every member of the committee, unless prevented by unusual circumstances, shall be provided with a memorandum at least three calendar days (excluding Saturdays, Sundays, and legal holidays) prior to each meeting or hearing explaining (1) the purpose of the meeting or hearing; and (2) the name, titles, background and reasons for appearance of any witness. The minority staff shall be responsible for providing the same information on witnesses whom the minority may request.

### *Rule 2—Quorums*

A majority of the members of the committee shall constitute a quorum, except that two members shall constitute a quorum for taking testimony and receiving evidence. Proxies shall not be used to establish a quorum. If the chairman is not present at any meeting of the committee, the ranking member of the majority party on the committee who is present shall preside at that meeting.

### *Rule 3—Committee reports*

Every committee report shall be approved by a majority vote of the members voting, a quorum being present. Supplemental, minority or additional views may be filed in accordance with House Rule XI, 2(l)(5). The time allowed for filing such views shall be three calendar days (excluding Saturdays, Sundays, and legal holidays) unless the committee agrees to a different time, but agreement on a shorter time shall require the concurrence of each member seeking to file such views. A proposed report shall not be considered in committee unless the proposed report has been available to the members of the committee for at least three calendar days (excluding Saturdays, Sundays, and legal holidays) prior to the consideration of such proposed report in the committee. If hearings have been held on the matter reported upon, every reasonable effort shall be made to have such hearings available to the members of the committee prior to the consideration of the proposed report in the committee.

### *Rule 4—Proxy votes*

A member may vote by proxy on any measure or matter before the committee on any amendment or motion pertaining thereto. A proxy shall be in writing and be signed by the member granting the proxy; it shall show the date and time of day it was signed and the date for which it is given and the member to whom the proxy is given. Each proxy authorization shall state that the member is absent on official business or is otherwise unable to be present; shall be limited to the date and specific measure or matter to which it applies; and, unless pertaining to the measure or matter.

### *Rule 5—Rollcalls*

A rollcall of the members may be had upon the request of any member.

### *Rule 6—Record of committee actions*

The committee staff shall maintain in the committee offices a complete record of the rollcall votes taken at committee business meetings. The original records, or true copies thereof, as appropriate, shall be available for public inspection whenever the committee offices are open for public business. The staff shall assure that such original records are preserved with no unauthorized alterations, additions, or defacement.

### *Rule 7—Task forces*

The committee may establish such task forces as it deems appropriate. The jurisdiction of such task forces shall be established by the chairman of the committee in consultation with the ranking minority member of the committee. The chairman and ranking minority member of the committee shall serve ex officio on each task force.

### *Rule 8—Hearing dates and witnesses*

The chairman of the committee, after consultation with the ranking minority member of the committee, shall announce the date, place, and subject matter of all hearings at least one week prior to the commencement of any hearings, unless he, after consultation with that member, determines that there is good cause to begin such hearings at an earlier date. Whenever any hearing is conducted by the committee upon any measure or matter, the committee's minority party members shall be entitled, upon request by a majority of them to the chairman of the committee before the completion of the hearing to call witnesses selected by them to testify with respect to that measure or matter during at least one day of hearing. Witnesses appearing before the committee shall, so far as practicable, submit written statements at least 72 hours in advance of their appearance.

### *Rule 9—Open meetings*

Meetings for the transaction of business and hearings of the committee shall be open to the public or closed in accordance with Rule XI of the House of Representatives.

### *Rule 10—Five minute rule*

Insofar as practicable, witnesses shall be permitted to present their oral statements without interruptions, questioning by the committee members taking place afterward. After completing his questioning, the chairman shall recognize the ranking majority and then the ranking minority member, and thereafter in recognizing members present, he may give preference, to the members on the basis of their arrival at the hearing, taking into consideration the majority and minority ratio of the members actually present. A member desiring to speak or ask a question shall address the chairman and not the witness in order to insure orderly procedure.

Each member may question the witness for 5 minutes, the reply of the witness being included in the 5-minute period. After all members have had an opportunity to ask questions, the round may begin again under the 5-minute rule.

### *Rule 11—Investigative hearings; procedures*

Investigative hearings shall be conducted according to the procedures in House Rule XI, 2(K). All questions put to witnesses before the committee shall be relevant to the subject matter before the committee for consideration, and the chairman shall rule on the relevance of any questions put to the witness.

### *Rule 12—Stenographic Record*

A stenographic record of all testimony shall be kept of public hearings and shall be made available on such conditions as the chairman may prescribe.

### *Rule 13—TV, radio and photographs*

When approved by a majority vote, an open meeting or hearing of the committee may be covered, in whole or in part, by television broadcast, radio broadcast, and still photography, by any of such methods of coverage, subject to the provision of House Rule XI, 3. In order to enforce the provision of said rule or to maintain an acceptable standard of dignity, propriety, and decorum, the chairman may order such alternations, curtailment or discontinuance of coverage as he determines necessary.

### *Rule 14—Staff*

The chairman shall have the authority to hire and discharge majority staff and majority-appointed shared staff. The ranking minority member shall have the authority to discharge minority staff and minority-appointed shared staff. The authorization for the creation of new majority and majority-appointed shared staff positions, subject to the committee's budget, shall rest with the chairman, and the ranking minority member shall have the same authority with respect to minority and minority-appointed shared staff.

### *Rule 15—Authorization to travel*

Travel to be paid from fund set aside for the full committee for any member or any staff member shall be paid only upon the prior authorization of the chairman. Travel may be authorized by the chairman for any member and any staff member in connection with the attendance of hearing conducted by the committee and meetings, conferences, and investigations which involve activities or subject matter under the general jurisdiction of the committee. Before such authorization is given there shall be submitted to the chairman in writing the following:

(1) The purpose of the travel.

(2) The dates during which travel is to be made and the date or dates of the event for which the travel is being made.

(3) The location of the event for which the travel is to be made.

(4) The names of member and staff seeking authorization.

### *Rule 16—Additional duties of chairman*

The chairman of the committee shall—

(1) make available to other committees the Select Committee's finding and recommendations resulting from the investigations of the committee as appropriate; and

(2) prepare a budget for the committee and present such budget to the committee for its approval.

*Rule 17—Amendments of rules*

These rules may be modified, amended or repealed by a majority vote of the committee at a meeting at which a quorum is present, of at least two legislative days' written notice of the proposed change has been provided each member of the committee prior to the meeting date on which such changes are to be discussed and voted upon.

## II. ACTIVITIES

### A. WASHINGTON, D.C. HEARINGS

*1. Food Aid and the Role of PVO's, April 18, 1985*

This hearing focused on the role of the U.S. private voluntary organizations in carrying out development programs through the Title II programs under the Food for Peace (P.L. 480) Program.

Witnesses:

Amstutz, Daniel G., Deputy Under Secretary, Commodities and International Affairs, U.S. Department of Agriculture.

Ezekiel, Hanna, Research Fellow, International Food Policy Research Institute.

McCloskey, Robert, Washington Director, Catholic Relief Service.

Neshem, Henry, President, National Wheat Growers Association.

Sykes, Charles L., Director, CARE, Washington Office

Tussey, Glen, Associate Director, Washington Office, American Farm Bureau Federation.

Wood, Christopher, African Medical and Research Foundation.

*2. International Nutrition and Health Initiatives, May 16, 1985*

Current health and nutrition initiatives in the international field, specifically expansion of immunization activities and vitamin A programs were examined.

Witnesses:

Brady, Nyle, Director, Bureau of Science and Technology, U.S. Agency for International Development.

Costello, John, Executive Director, Helen Keller International.

Dobyns, Phyllis, Vice President for Programs and Planning, Save the Children.

French, David, Ph.D., Project Director, Health Policy Institute, Boston University.

Guerra de Macedo, Carlyle, Director, Pan American Health Organization.

Sommer, Alfred, M.D., Director, International Center for Epidemology and Preventive Ophthalmology, John Hopkins University.

### *3. Health Consequences of Hunger on U.S. Infants and Children, May 23, 1985. Joint Hearing with the Subcommittee on Health and the Environment, Committee on Energy and Commerce*

As part of its investigations of population groups most vulnerable to hunger, the Select Committee examined the causes of higher infant mortality and low birthweight rates in this country, mental and physical consequences of inadequate nutrition among infants and children, and the effectiveness of existing food assistance programs in combatting these problems.

Witnesses:

Mayer, Jean, Ph.D., President, Tufts University.

McGhee, Judy, participant, Women, Infants and Children (WIC). Special Supplemental Feeding Program, New Jersey.

Bithoney, William, M.D., Medical Director, Growth and Nutrition Clinic, Children's Hospital, Boston MA.

Neason, Betsey-Ann Windsor, Certified Family Nurse Practioner, Medical Center or Taylor County, West Virginia.

Shirley, Aaron, M.D., Project Director, Jackson-Hinds Comprehensive Health Center, Jackson, MS.

Chistoffel, Katherine, M.D., Assistant Professor of Pediatrics and Community Health and Preventive Medicine, Northwestern University Children's Memorial Hospital, Chicago, IL.

Dietz, William, M.D., Ph.D., Assistant Professor of Pediatrics, Tufts University School of Medicine, Director, Clinical Nutrition, Department of Pediatrics, New England Medical Center, Boston, MA.

Pollitt, Ernesto, Ph.D., Pressor of Nutrition and Behavioral Sciences, School of Public Health, University of Texas, Houston, TX.

### *4. Population Growth and Hunger, June 6, 1985*

The impact of uncontrolled population growth on malnourished populations in developing countries was explored.

Witnesses:

Porter, Honorable John, Member of Congress from the State of Illinois.

Scheuer, Honorable James H., Member of Congress from the State of New York.

Levin, Honorable Sander, Member of Congress from the State of Michigan.

Taft, Honorable Robert A., Taft, Stettinius and Hollister.

Martin, Ambassador Edwin, Former U.S. Under Secretary of State, Population Crisis Committee.

Brown, Lester R., President, Worldwatch Institute.

Claxton, Phil, Vice President, World Population Society, The Futures Group.

### *5. Coordination and Simplification of Domestic Federal Assistance Programs, July 9, 1985*

In examining barrier to participation in public assistance programs, the Select Committee received suggestions from federal, state and local officials, as well as private service providers on ways to simplify and better coordinate various public assistance program certification and guidelines, application procedures and service delivery.

Witnesses:

Tompkins, Arnold, Deputy Assistant Secretary for Social Services Policy, Office of the Assistant Secretary for Planning and Policy, U.S. Department of Health and Human Services, (DHHS) accompanied by Betty Stagg, Acting Director, Office of Policy and Legislation, DHHS.

Coler, Gregory L., Director, Illinois Department of Public Aid.

Stumbras, Bernard, Director, Wisconsin Department of Health and Social Services.

Coyle, Thomas P., Director, Institute for Management and Productivity. Baltimore, MD.

Kincheloe, Jeff, Staff Attorney, Legal Council for the Elderly, accompanied by Burton Fretz, Executive Director, National Senior Citizens Law Center, Inc. Washington, DC.

### *6. Africa: Famine Relief and Rehabilitation, July 25, 1985*

The activities of the U.S. Government in carrying out famine relief operations in Africa in 1984-1985, as well as the need to rehabilitate the agriculture systems, were discussed.

Witnesses:

McPherson, Honorable M. Peter, U.S. Agency for International Development.

Radcliffe, George, Assistant Executive Director, CARE.

Dondero, Timothy J., Medical Epidemiologist, International Health Program Office, Center for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

Schaufele, William, Senior Director for Africa, Catholic Relief Services.

Hanrahan, Charles E., Analyst, Congressional Research Service, Library of Congress.

### *7. Poverty and Hunger in the Black Family, Septembr 26, 1985*

This hearing yielded an in-depth discussion of economic trends concerning the Black community with an emphasis on possible solutions to growing poverty and hunger problems plaguing this population group.

Witnesses:

Moynihan, Honorable Daniel Patrick, U.S. Senator from the State of New York.

Jones, Edith Irby, President, National Medical Association.

Moon, Marilyn, Senior Research Associate, The Urban Institute.

Bane, Mary Jo, Executive Deputy Commissioner, New York State Department of Social Services.

Walker, Bailus, Commissioner, Massachusetts Department of Public Health.

### *8. Appalachia: Rural Women and the Economics of Hunger, October 22, 1985*

Focusing on hunger and poverty in rural regions of the United States, the Select Committee examined the prevalence of these conditions in Central Appalachia and the role women have assumed in efforts to alleviate them.

Witnesses:

Leard, Robert E., Administrator, Food and Nutrition Service, U.S. Department of Agriculture.

Williams, Bill, WBIR-TV Knoxville, TN.

Couto, Richard, Ph.D., Director, Center for Health Services, Vanderbilt Medical Center, Vanderbilt University.

Walker, Jesse L., M.D., Indian Mountain Clinic.

Casey, Letta, Applachian mother of three.

Vautrin, Teri, Education Director, Dungannon Development Commission.

Stuart, Lynnette, Director, Help Empower Local People, Inc.

Threatt, Jane, President, In Our Own Way.

Cole, Nancy, Barwick Community Garden Project.

### *9. Immunizing the World's Children by 1990, November 14, 1985*

This hearing explored the opportunities and challenges involved in meeting the global goal of universal child immunization within five years, with an emphasis on U.S. involvement in this effort.

Witnesses:

Sever, John L., M.D., Chief, Infectious Diseases Branch, Neurology Unit, National Institutes of Health.

Eriksson, John, Deputy Assistant Administrator, U.S. Agency for International Development.

Foege, William, M.D., Executive Director, Task Force for Child Survival, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services.

Joseph, Stephen, M.D., Special Coordinator, Child Health and Survival, UNICEF.

Bradley, Honorable Bill, U.S. Senator from the State of New Jersey.

### *10. Famine and Recovery in Africa: The U.S. Response, December 5, 1985, Joint Hearing with the Africa Subcommittee, House Foreign Affairs Committee*

As part of the continuing exploration and discussion of U.S. activities in Africa, the Committee met with the Subcommittee on Africa to examine the status of famine relief and recovery needs in Africa.

Witnesses:

McNamara, Honorable Robert S., former president, World Bank.

Morse, Ted, Director, African Drought Coordination Staff, Bureau for Africa, U.S. Agency for International Development.

Davies, Peter J., President and Chief Executive Officer, InterAction.

Strong, Maurice, Executive Coordinator, U.N. Office of Emergency Operations in Africa.

Woolfley, H.L. Dufour, Director, Bureau of Refugee Programs, U.S. Department of State.

*11. Micro-Enterprise Credit, February 25, 1986. Joint Hearing with the House Banking Subcommittee on International Development Institutions and Finance*

This hearing discussed opportunities to assist poor people by expanding access to credit facilities in small-scale economic enterprises.

Witnesses:

Yunus, Muhammad, Managing Director and Founder of the Grameen Rural Bank in Bangladesh.

Ashe, Jeffrey, Senior Associate Director, ACCION. International.

Harretche, Beatriz, Manager, Banco Provincia de Buenos Aires.

Penna, Frank, Project Director, Policy Sciences Center, Inc.

*12. Hunger Among the Homeless, March 6, 1986*

The Select Committee investigated the accessibility of adequate food and nutrition for the homeless as well as recommendations for resolving the underlying causes of homelessness, particularly among the increasing number of families with children. A site visit to the Pitts Hotel in Washington, D.C., preceded the hearing on Capitol Hill.

Witnesses:

Flynn, Honorable Raymond L., Chairman, Task Force on Hunger and Homelessness, U.S. Conference of Mayors, Mayor, City of Boston.

Bode, John, Assistant Secretary, Food and Consumer Services, U.S. Department of Agriculture.

Hayes, Robert, Counsel, National Coalition for the Homeless, New York, NY.

Max, Veronica, President, Martha's Table, Washington, D.C.

Ferrell, Trevor, teenage founder, Trevor's Campaign, Inc.

Daily, Margueretta, homeless mother of three and resident, Community of Hope Shelter, Washington, D.C.

Curran, Mary, Director, Community of Hope Shelter.

*13. Family Food Production in Africa: Sustainable Agriculture Through Extension and Appropriate Technology. April 17, 1986*

The need for extension and training facilities, and appropriate technologies for the improvement of agricultural systems in Africa was the primary focus of this hearing.

Witnesses:

Galbraith, John Kenneth, Professor of Economics, Harvard University.

Sewell, John, Executive Director, Overseas Development Council.

Robinson, Leonard H., Jr., President, African Development Foundation.

Windle, Phyllis, Project Director, Office of Technology Assessment, U.S. Congress.

### *14. Hunger and the Elderly, April 22, 1986. Joint Hearing with the Select Committee on Aging*

This hearing examined the underlying factors contributing to high rates of hunger and malnutrition among the elderly and the availability of good assistance services designed to alleviate these conditions.

Witnesses:

Hutton, William, Director, National Council of Senior Citizens.

Driggs, John, Chief Executive Officer, Western Savings and Loan, Phoenix, AZ.

Carpenter, Adelaide, Volunteer, Polk County Elderly Feeding Program, Des Moines, IA.

Lipschitz, David, M.D., Director, Geriatric Research Education and Clinical Center, John L. McClellan Memorial Veterans Hospital, Little Rock, AR.

Moyer, Bill, Director, King County Nutrition Project, Seattle, WA.

Abrams, Honorable Rosalie S., State Senator, Director, Maryland State Office of Aging.

Suzuki, Michio, Associate Commissioner for State and Tribal Programs, Administration on Aging, U.S. Department of Health and Human Services.

### *15. Part 2: International Nutrition and Health, April 30, 1986*

This hearing continued the discussion of U.S. Government involvement in international nutrition and health programs in developing countries.

Witnesses:

McPherson, M. Peter, Administrator, U.S. Agency for International Development.

Jolly, Richard, Deputy Director for Programs, UNICEF.

Redgrave, Lynn, Actress, U.S. Committee for UNICEF.

Kabore, Honorable Adboul Salam, Minister of Health, Burkina Faso.

Costello, John, Executive Director, Helen Keller International.

Berggren, Warren, M.D., Director, Primary Health Care, Save the Children Federation.

Hirsch, Dean, Director, World Vision Relief Organization.

### *16. Self-Help Programs, May 15, 1986*

The Select Committee heard from operators of private and public self-help programs, participants, and public officials on how vital and effective these services can be in assisting low-income people make the transition from dependence on public assistance programs to self-sufficiency.

Witnesses:

Scheibel, Honorable James, City Councilman, St. Paul, Minnesota.

Tebbenhoff, Lucy, Graduate of the Work, Employment, Education and Training (WEET) program, Portland, ME.

Becerra, Gloria, Director, Division of Employment and Rehabilitation, Arizona Department of Economic Security.

Roberts, Karen, Secretary, Common Ground Community Economic Corporation, Dallas, TX.

Snowden, Honorable Carl, Councilman, Annapolis, Maryland City Council.

Pennington, Dena, participant, Single Parent Advancement Network, Battle Creek, MI.

17. *Hunger Relief Act of 1986, June 25, 1986. Joint Hearing with the Agriculture Subcommittee on Domestic Marketing, Consumer Relations and Nutrition, Education and Labor Subcommittee on Human Resources and Elementary, Secondary and Vocational Education and the Science and Technology Subcommittee on Science, Research and Technology*

This hearing afforded the Select Committee access to the views of anti-hunger advocates, physicians, federal food assistance program participants and operators on the need for comprehensive improvements in the delivery of food benefits.

Witnesses:

Blount, Richard D., Director, Missouri State Women, Infants and Children Program (WIC) and former president, National Association of WIC Directors.

Chafkin, Sol H., Executive Vice President, Local Initiatives Support Corp.

Collins, Judy, Actress and Representative, USA for Africa and Hands Across America.

Croce, Carol, Executive Director, Wisconsin Nutrition Project Inc.

Dobbs, Janice M., Director, Nutrition Surveillance and Services Program, Bureau of Nutrition, New York State Department of Health.

Fletcher, Toby, Special Assistant to the Executive Director, Baltimore City Commission on Aging and Retirement Education.

Locke, Linda, Nutrition Director, Community Coordinated Child Care of Louisville and Jefferson County, KY and Chairman, National Child Care Food Program Sponsors Forum.

Lucas, Brenda, WIC parent and advocate, Baltimore, MD.

O'Brien, Denise, Board Member, Prairiefire Rural Action, and Vice Chair, Iowa Unity Coalition.

Sidel, Victor W., M.D., Past President, American Public Health Association; Distinguished Universtiy Professor Task Force on Hunger in America.

Watkins, Shirley R., Director, Food and Nutrition Services, Memphis, Tennessee City Schools.

SUBMITTED MATERIAL

Dole, Honorable Robert, U.S. Senator from the State of Kansas.

### *18. U.S. Food Assistance and the Food Security Act of 1985, July 17, 1986*

The implementation of changes in Title II of the P.L. 480 program and section 416 of the Agriculture Act in meeting food assistance needs in developing countries was emphasized at this hearing.

Witnesses:

Amstutz, Honorable Daniel, Under Secretary for International Affairs and Commodity Programs, U.S. Department of Agriculture.

Atwood, Douglas, Country Director for India, CARE.

Bloch, Julia Chang, Assistant Administrator, Food for Peace and Voluntrary Assistance, U.S. Agency for International Development.

Pezzullo, Lawrence, Executive Director, Catholic Relief Services.

### *19. Environmental Degradation; Linkages to Hunger/U.S. Foreign Disaster Assistance Programs, July 24, 1986*

This hearing addressed potential changes in the foreign disaster assistance program to enhance responses to disasters worldwide. It also discussed the impact of environmental degradation on the food production capability of poor and malnourished populations.

Witnesses:

Walker, Brian W., President, International Institute for Environment and Development.

Stoel, Tom, Director for International Programs, National Resources Defense Council.

Love, Ray, Deputy Assistant Administrator for Africa, U.S. Agency for International Development.

Rondos, Alex, Consultant, Catholic Relief Services.

Taft, Julia, Director, Office of U.S. Foreign Disaster Assistance, U.S. Agency for International Development, Department of State.

### *20. Hunger Among Migrant and Seasonal Farmworkers, July 31, 1986*

The health, housing and working conditions of migrant and seasonal farmworkers were investigated as causes of hunger and undernutrition and recommendations for improving the accessibility of adequate food, health and social services for this transient low-income population were presented.

Witnesses:

Cain and Brown Family, Migrant Farmworkers, DelMarVa Peninsula, accompanied by Gina Miserendino, Community Services Director, DelMarVa Rural Ministries, Dover, DE.

Teig, Eva S. Secretary, Virginia Department of Human Resources.

Mitchell, Stuart, Executive Director, Rural Opportunities, Inc.

Smith, David, M.D., Chairman, National Migrant Clinical Network and Medical Director, Brownville, Texas Community Health Center.

Shannon, Sister JoEllen, Assistant Director, East Coast Migrant Head Start Program.

Strotham, James C., Staff Attorney, Migrant Legal Services Southern Minnesota Regional Legal Services.

*21. Poverty, Hunger and the Welfare System, August 5, 1986*

A panel of welfare policy experts presented detailed explanations of the causes and effects of poverty as it applies to various population groups and offered recommendations for revising the public assistance structure to achieve a system that is more responsive to the needs of the poor.

Witnesses:

Reischauer, Robert D., Senior Fellow, The Brookings Institution.

Greenstein, Robert, Director, Center on Budget and Policy Priorities.

Murray, Charles, Senior Fellow, Manhattan Institute for Policy.

Ellwood, David T., Associate Professor of Public Policy, Harvard University.

Novak, Michael, George Frederick Jewett Chair in Religion and Public Policy, American Enterprise Institute for Public Policy Research.

Gottschalk, Peter T., Professor of Economics, Bowdoin College.

Bane, Mary Jo, Executive Deputy Commissioner, New York State Department of Social Services.

*22. Teleconference via Satellite from Lagos, Nigeria: African Views on Food Security and Self-Sufficiency. September 17, 1986*

This hearing explored issues of food security and self-sufficiency in Africa by an exchange between Africans in Nigeria and Members of the committee.

Witnesses:

Akinrinade, Honorable A.I., Lieutenant General, Minister of Agriculture, Water Resources and Rural Development, Nigeria.

Okigbo, Bede, Deputy Director General, International Institute of Tropical Agriculture, Lagos, Nigeria.

Feyisayo, M. Atoke, Chairperson, Oyo State Council for Women and Development, Nigeria.

## B. REGIONAL HEARINGS AND SITE VISITS

*1. Socio-Economic Factors Associated with Hunger and Poverty in Urban America, Brooklyn, NY, November 8, 1985*

This hearing demonstrated the common social and economic causes which are at the root of hunger in urban areas of the United States.

Witnesses:

Buchenholz, Gretchen, Founder and Director, New York State Committee Against Hunger/Coalition for the Homeless.

Dehavenon, Anna Lou, Ph.D., Director of Research, East Harlem Interfaith Welfare Committee.

Dobbs, Janice M., Director, Nutrition Surveillance and Service Program, Bureau of Nutrition, New York State Department of Health.

Gross, George, Administrator, Human Resources Administration.

Lewter, Ernestine, Spokesperson, Brooklyn Arms Hotel: Shelter for Homeless Families.

McKenna, Kathy L., Actress/Producer, RESULTS.

Powis, Reverend John J., Cochairman, East Brooklyn Churches, Priest, Our Lady of Presentation Parish.

Stein, Andrew J., President, Borough of Manhatten.

Williams, Clara, Chairperson, African Americans for Bread Not Bombs, Brooklyn Coalition Against Hunger.

### 2. *Hunger Among the Homeless in Washington, D.C., March 6, 1986*

The Committee held a site visit to the Pitts Hotel in Washington, D.C., before a formal hearing on Capitol Hill. The Pitts Center for homeless families provided services for up to 51 families. Members joined Center residents for breakfast.

### 3. *The Causes and Consequences of Hunger and Poverty in Houston, June 6, 1986*

The Select Committee examined the plight of the new poor in Houston, former employees in once booming industries who have fallen into poverty and who find themselves dependent upon federal and private assistance programs.

Witnesses:

Brenner, Emily, Legislative Advocate, Houston Interfaith Hunger Coalition, Houston Metropolitan Ministries.

DiFerrante, M.T., Chief of Nutrition Services, City of Houston Health and Human Resources Department.

Horn, Don, Executive Secretary and Treasurer, Harris County AFL–CIO.

Knotts, Reverend Don, Executive Director, Houston Interfaith Hunger Coalition, Houston Metropolitan Ministries.

Parmer, Honorable Hugh, Texas State Senator.

Reeve, Gordon, Chief of Epidemiology, City of Houston Department of Health and Human Services.

Robinson, Honorable Judson, Mayor Pro Temp.

Walker, Bart, unemployed steelworker.

## C. VISITS TO SUB-SAHARAN AFRICAN NATIONS

1. Two staff members of the Select Committee on Hunger traveled to Ethiopia, the Sudan and Somalia as part of a delegation led by Representative Howard Wolpe, Chairman of the African Subcommittee, House Foreign Affairs Committee, in August of 1985. The delegation held discussions with representatives of international relief and development organizations, with private and voluntary organization officials and with U.S. Government and host government agency officials on matters central to the famine crisis then threatening the lives of tens of millions of Sub-Saharan residents. The delegation visited a number of refugee and displaced persons camps in all three nations. Of particular interest to the

delegation was the critical need to expand the ability to transport emergency food to remote areas where hundreds of thousands of people were in immediate danger of starvation. The delegation's attention to this problem expedited the provisions of trucks for relief programs by the U.S. Agency for International Development (AID).

2. During the January and February, 1986, congressional recesses, Representative Tony Hall, Chairman of the Select Committee's International Task Force and members of the Select Committee on Hunger staff conducted separate but coordinated fact-finding missions to four key West African nations to evaluate the effectiveness of U.S. Government, international development agency and private voluntary organizations development assistance programs, and to assess the impact of those programs on the hungry and malnourished populations of the four countries. The itinerary included visits to Mali, Senegal, Ghana and the Ivory Coast. The study mission delegation included a staff member from the House Foreign Affairs Africa Subcommittee and a representative of the African-American Institute. The trip involved extensive discussions with representatives of the U.S. Government, international development and financial institutions, and host government and private development agency officials on an array of developmental problems and opportunities faced throughout West Africa. Additionally, the staff members and Representative Hall were able to view the operations of a number of projects supported by the donor organizations and host governments, including those of the United States Agency for International Development (AID).

## D. REPORTS INITIATED BY THE SELECT COMMITTEE

### *1. Special Report on Applying United States Food Surpluses to the Problems of Hunger, May 1985*

The utilization of our nation's vast food surpluses is addressed and initiatives for more effective uses of hunger relief in the United States and abroad are explored in this special report.

### *2. Vitamin A: An Urgent Nutritional Need for the World's Children, July 1985*

The opportunity to improve life and nutritional health through vitamin A intervention programs is addressed in this staff report. The study details the extent, indicators and consequences of vitamin A deficiency as well as describing the effectiveness of vitamin A therapy; the possible enhancement of vitamin A programs through the U.S. Agency for International Development and private voluntary organization is also detailed.

### *3. A Review of Selected Studies on World Hunger, September 1985*

This two-part staff report consists of (1) a narrative reviewing and analyzing major studies on the extent of hunger and the effectiveness of food and nutrition programs in the U.S. and the extent of world hunger and major international programs and policies designed to alleviate world hunger; and, (2) an annotated bibliography comprised of 383 studies on domestic and international hunger written over the last ten years.

*4. The Peace Corps: 25 Years of Alleviating Hunger, March 1986*

Documentation of the effectiveness of the Peace Corps' approach to combatting world hunger and poverty is discussed in this Committee report.

*5. Banking for the Poor: Alleviating Poverty Through Credit Assistance to the Poorest Micro-Entrepreneurs in Developing Countries, May 1986*

The significant impact credit assistance to poor micro-entrepreneurs in developing countries has in raising the living standards of the poor, increasing food security and bringing about sustainable improvements in local economics is explored in this Committee report.

*6. Continuing the Commitment: Agricultural Development in the Sahel, August 1986*

As part of a two year study of low-resource agriculture in Africa by the Office of Technology Assessment, commissioned by the Select Committee, and two other congressional committees, this special report examines the record of assistance to nine nations of the Sahel in West Africa, explores the lessons learned and suggests policy implications for more effective U.S. assistance in Africa.

*7. Foreign Indebtedness and Basic Human Needs in Four African Countries, September 1986*

The relationship between basic human needs and foreign indebtedness and a review of alternative debt management strategies is included in this study which was prepared by the Congressional Research Service at the request of the Committee. Specifically, an examination of the impact external debt has on Nigeria, Senegal, Sudan and Mauritania's ability to meet basic human needs of these populations is given.

*8. Enhancing the Effectiveness of the U.S. Government's Foreign Disaster Assistance Program: A Policy Analysis and Review with Recommendations, September 1986*

This Committee report documents and supports conclusions and recommendations for strengthening the foreign disaster assistance program managed by the U.S. Agency for International Development.

*9. Trends in Foreign Aid, 1977–86*

Prepared for the Committee by the Congressional Research Service, this report measures, by various quantitative indicators, the allocation and distribution of the U.S. Government foreign assistance funds over the past ten years.

### E. COMMITTEE'S PRIVATE SECTOR ADVISORY BOARD

The Select Committee believes that the private sector has an important role to play in helping to alleviate hunger and malnutrition in the developing world and to assist Americans who are unable to meet their basic needs. The experience and expertise of the private sector have much to contribute to the solutions of hunger-related problems, whether it be through a food bank in a local community or an agriculture project abroad.

Thus, the Committee established a Private Sector Advisory Board to assist the Committee in its work. Individuals representing a wide variety and type of corporate and organizational backgrounds have agreed to serve in this advisory capacity.

The Members of the Private Sector Advisory Board are:

Robert O. Aders, Washington, DC
James R. Beebe, Groton, CT
R. Dyke Benjamin, New York, NY
Karen Brown, Washington, DC
Ray Buchanan, Big Island, VA
Kathryn W. Cain, Oakland, CA
Cy Carpenter, Washington, DC
John Carroll, Bethpage, NY
William G. Craig, Ph.D., Monterey, CA
Nathan Cushman, Lebanon, CT
Robert A. Dalgleish, Redmond, WA
Francis B. DuBois, Davis, CA
Robert C. Foster, Toledo, OH
Bruce Foster, Toledo, OH
LaVerne Freeh, Arden Hills, MI
Orville Freeman, Washington, DC
Thomas W. Gleason, Sr., New York, NY
Peter Goldberg, Greenwich, CT
Darrel Gray, San Juan Capistrano, CA
C. Peter Grimm, New York, NY
Herbert W. Gullquist, New York, NY
Thomas Haggai, Highpoint, NC
Eric D. Haueter, Englewood Cliffs, NY
Glen Hofer, Washington, DC
Nicholas E. Hollis, Washington, DC
Edward A. Jaenke, Washington, DC
Catherine Lerza, Washington, DC
Rev. Alton H. McEachern, Greensboro, NC
Lee B. McTurnan, Indianapolis, IN
James Morgan, Emmanus, PA
Bearss Muhlfeld, New York, NY
C. Thomas Nuzum, M.D., Chappel Hill, NC
Richard Reuter, Northbrook, IL
Richard Rominger, Winters, CA
James V. Scalla, Clinton, MD
Augustus Schumacher, Boston, MA
Daniel E. Shaughnessy, Arlington, VA
Peggy Sheehan, Washington, DC
Carl G. Smith, Fremont, MI
Martin Sorkin, Washington, DC
Charles Taylor, Cleveland, OH
Buddy Temple, Austin, TX
Billie B. Turner, Northbrook, IL
Paul Drazek, Washington, DC
Helen Verduin Palit, New York, NY
William Vitulli, Montvale, NJ
Morgan Williams, Washington, DC

John Wise, Milwaukee, WI
William H. Wynn, Washington, DC

The Board members met on February 21, 1985, to discuss and report back to the Select Committee on ways in which the private sector could be further involved with domestic and international hunger activities. Specifically, they discussed major obstacles to private enterprise playing a more effective role in alleviating world hunger and actions the government could take to support and complement private sector initiatives. Informal contact with board members has been maintained throughout the 99th Congress.

### F. SPECIAL ACTIVITIES

The Select Committee had responded to numerous congressional and public requests for information on hunger and poverty issues. For over two years, the Committee has published "Hunger Reports" a Newsletter addressing current domestic and international topics of interest to the Congress and general public. The Committee also publishes "Situation Reports" of current facts concerning African nations affected by drought and famine. Additionally, the Committee responds to numerous requests from congressional offices, the media, research organizations, private voluntary and international agencies, as well as U.S. Government departments and the general public on hunger-related issues.

The Select Committee on Hunger participated in an historic event, the first congressional dialogue with Africa on African food security and self-sufficiency through a satellite hook-up with Lagos, Nigeria, arranged by the U.S. Information Agency. This program sought to gain—first hand—the views of Africans on issues of great concern to the African continent as well as to the U.S. Congress.

## SECTION 3: ISSUES EXAMINED

### INTRODUCTION

The House Select Committee on Hunger, at its establishment in 1984, was directed to "conduct a continuing comprehensive study and review of the problems of domestic and international hunger and malnutrition." During two and a half years of investigations, it has become clear to the Select Committee that the basic cause of hunger, in the United States and in less developed countries, is poverty. People are hungry because they do not have economic access to a sufficient, nutritionally adequate food supply. Localized problems in less developed countries, such as drought or civil war, can greatly exacerbate an already difficult food supply situation, worsening the impact of poverty. In the United States, poverty is compounded by the existence of barriers that prevent adequate access to food assistance programs.

Most people who are hungry are hungry on a periodic basis. In the United States, families that depend on food assistance programs frequently run out of food stamps, the major source of domestic food aid, before the end of the month. Food stamp benefits were not designed to provide full monthly food benefits, but to augment the resources low-income families have for the purchase of a nutritionally adequate food supply. However, since the late 1970's many families participating in the program have suffered a decline in resources available to supplement food stamp benefits. Consequently, they must depend on local charities, such as soup kitchens and food pantries, to make ends meet. In many developing countries, where the majority of poor people live in rural areas, the months preceding the harvest are the hungriest months.

Hunger is but one component of a complex set of factors associated with poverty. In the United States, as in other countries, hungry people are usually those with less education, poorer health, inadequate housing, and generally less sanitary conditions. The children die more easily, the young women become pregnant at an earlier age, school attendance is poor, and access to other basic human needs is more difficult. Unemployment and underemployment are also closely associated with poverty and hunger.

The individual issue sections which follow detail the investigations and activities of the Select Committee in a number of particular areas relating to the chronic hunger and malnutrition of hundreds of millions of persons in developing countries and in the United States.

## I. INTERNATIONAL

### A. CRISIS IN THE SUB-SAHARA

*1. Issue Description.*—The onset of famine in Sub-Saharan Africa in 1984 dramatically captured the attention of people around the world. The graphic reality of mass starvation shocked television viewers in the affluent nations, triggering an outpuring of private and public donations of emergency assistance. Sensibilities were jolted, consciences touched, as the world struggled to grasp the horrible realities of the African famine. Vast areas of this huge continent had endured three to five years of drought, a drought that dried out fields, killed the livestock, drastically reduced crop harvests and directly affected an estimated 150 million people. Tens of millions of people faced sharp reductions in food availability; millions were driven from their homes and farms; and millions were made more vulnerable to disease and were left further away from any hope or opportunity for a normal life. The exact toll of those who succumbed to drought-related starvation will never be known with precision, but most reliable estimates put that number in excess of one million. Twenty Sub-Saharan countries, in an arc from the Sahel, through the Sudan and Ethiopia and down into southern Africa, were critically affected by severe drought.

The international donor community and African national governments were faced with a catastrophe on a scale few could comprehend; no government or international organization was prepared to mount an effective or adequate relief operation as the dimensions of the famine were first realized. The emergency food deficit for the twenty Sub-Saharan countries for 1985 was, according to the United Nations Food and Agriculture Organization (FAO), some 6.6 million metric tons. In addition to the problem of providing such a quantity of food in a short time period, overwhelming problems of transport and distribution were faced. The famine had multiple origins, not the least of which was deteriorating or non-existent infrastructure—a severe lack of transport and storge capacity in particular—which also posed serious problems for an effective relief operation. It was extremely difficult to provide massive amounts of food aid to people made inaccessible by rugged terrain, lack of roads, ground transport and fuel, a lack of port, rail and air capacity and a shortage of communication equipment.

The international donor community—governments, international organizaitons, corporations, religious and civic organizations, individuals, the media, entertainment celebrities—responded to the famine in Africa in an unprecedented fashion. Hunderds of millions of dollars were publicly raised; the food required to meet the emergency deficit was pledged by the United States, the World Food Programme, the European Economic Community, Australia, Canada and other donors. Countries such as India and China, previously the recipients of international food aid, donated food for the hungry in Ethiopia and the other famine-stricken countries. The secretary general of the United Nations established a special UN office to coordinate famine relief operations. The Agency for International Development (AID) led United States Government relief and rehabilitation operations in the largest foreign disaster assistance effort ever launched by this government. Congress approved a supplemental appropriation of $800 million (March, 1985) to augment the food and non-food emergency programs already tapped to provide official U.S. relief to the famine victims. A number of European and other Western governments also provided signficant food and non-food emergency assistance throughout the famine crisis.

By the summer of 1985 an easing of famine conditions across Africa could be detected. Mobilization on the part of African and donor governments, international organizations and private development and relief agencies, coupled with a breaking of the drought in wide areas, brought about an improvement in conditions in virtually every affected country. The resumption of rain reversed the precipitous decline in food production and the relief operations were by then successful in reaching a vastly increased number of famine victims. Millions of people, however, remained (and remain) precariously dependent on a fragile international lifeline of relief assistance.

The onset of famine across the Sub-Sahara revealed a broad crisis in development facing the entire region. Sub-Saharan Africa is expriencing a long-term decline in per capita food production, a growing population growth rate, extreme ecological degradation of the resource base, economic stagnation and a shortfall in external development finance. It is the only region in the world where the rate of population growth continues to expand. These problems are basic, they are serios and they are getting worse rather than better despite an easing of the famine situation. Such factors threaten to condemn an entire continent to unimaginable human misery if they are not addressed by African national governments and the international donor community.

2. *Committee Activities.*—The House Select Committee on Hunger has placed the African crisis at the center of its agenda since the establishment of the Committee in 1984. The grave situation faced in the Sub-Sahara, with the potential of continuing dete-

rioration and directly threatening literally millions of people with outright starvation, demanded priority attention from the Select Committee.

The Committee has served as the primary source of information on the famine situation for the Congress since the onset of the catastrophe. Numerous congressional briefings with various AID, UN and private voluntary organization (PVO) officials engaged in famine relief operations have been conducted by the Committee. Frequent comprehensive reports on the famine situation and relief operations have been issued over a two year period. The Select Committee led a delegation to Ethiopia in November of the 1984 and, subsequently, has sent both Committee Members and professional staff members to examine vital aspects of the famine relief operations in the Sudan, Ethicpia (again), Somalia, Kenya, Senegal, Ghana and the Ivory Coast. An immediate outcome of the 1984 delegation visit to Ethiopia was a diversion of a U.S. food aid shipment bound for India to meet a critical food shortage in Ethiopian relief camps. The delegation visit also focused attention on the need for immediately expanding U.S. relief operations in that famine-stricken country.

The Select Committee has conducted three hearings, including joint hearings with the House Foreign Affairs Committee, on various aspects of the famine. Experts have addressed the Committee on issues ranging from the decline in agricultural productivity in the Sub-Sahara to the logistical impediments preventing an efficient delivey of emergency food aid and to the threat imposed by environmental degradation in the region.

Select Committee research on emergency food and non-food requirements formed the basis of large sections of the African famine supplemental appropriations measure which passed the Congress in March of 1985. Committee members were involved in the formation, introduction and passage of that supplemental legislation and in the oversight of its implementation.

*3. Conclusions.*—The Select Committee's involvement in the African famine crisis leads to conclusions both about emergency relief activities and the underlying crisis in development in the Sub-Sahara. Specific potential enhancements of the disaster assistance program of the United States Government are discussed elsewhere in this report; such enhancements emphasize improving the capacity of AID to detect and respond to slowly developing disaster situations such as famine (see disaster assistance section).

The vital necessity of complementing emergency food aid with the required non-food assistance is a lesson that emerged from the famine relief operations in Africa. It proved to be relatively easy for the donor community to provide food assistance for the famine victims. Providing transportation to move food to where the victims were more located was far more difficult. The restoration of water and primary health care systems and the provision of livestock, medicines, shelter, seeds and tools, all necessary for returning people to their livelihoods and resuming normal levels of food production, were difficult undertakings. The famine supplemental legislation provided additional funding for such non-food needs to specifically enhance the impact of the food assistance; nevertheless funding for the non-food needs remained relatively scarce.

The most urgent conclusion stemming from the African famine experience is a realization of the long-term nature of the crisis facing the region and of the necessity of approaching the development crisis with the same resolve and dedication as was brought to bear in response to the more visible famine. There are hundreds of millions of hungry and malnourished persons in developing countries other than in the Sub-Sahara; no other region, however, has so many trends clearly indiciating that an increase in both the number and proportion of people suffering from malnutrition is certain. Development assistance in Africa has, to a large extent, failed.

Now, basic human services are declining, most economies are stagnant, desertification and deforestation are destroying the productivity of the land, the population is exploding and donor assistance, in real terms, is shrinking. The region is rich in natural and human resources, the future need not be bleak. But without appropriate attention to the multiple problems facing the region, without an increase in the resources made available to address the problems and without a determination to prevent the recurrence of famine, the people of Africa face misery and suffering on a scale not previously witnessed. The Select Committee believes that efforts to alleviate hunger and malnutrition in this world must retain a primary focus on Sub-Saharan Africa.

### B. AGRICULTURAL EXTENSION AND EDUCATION IN AFRICA

*1. Issue Description.*—One of the major factors contributing to Africa's agricultural problems is a grossly underfunded and inadequate agricultural education system. Support of agriculture in African universities is weak and regionally disparate; moreover, the development and dissemination of research and technologies developed in African agricultural institutions have been targeted primarily towards larger commercial farms while smaller farms and farmers have been largely ignored. The greatest potential for achieving agricultural progress in Africa is likely to be realized only when African agricultural institutions acquire the ability, commitment and capacity to address the needs of poor African farmers and develop and disseminate technologies and appropriate farming methods to poor, low-resource farmers. In most countries in Sub-Saharan Africa, the basic institutions required to increase agricultural production are weak and deficient in financial and manpower resources. Agricultural education institutions and extension systems targeted to the low-resource farmer are the weakest and least well endowed.

U.S. financial assistance to strength faculties and institutions of agriculture within African nations has been relatively small compared with assistance provided for highly technical agricultural research. In recent years, U.S. assistance to Africa for agricultural research and other activities intended to directly increase output has averaged $100 million per fiscal year, while U.S. annual expenditures for education and institution development in Africa has averaged only about $20 million. While agricultural research for developing new crop varieties and fertilizers remains critical, indigenous education, training and extension systems, also essential to increasing food self-sufficiency, have been largely neglected.

Extension systems targeted toward the low-income, low-resource farmer are woefully inadequate in Africa. Women, who contribute up to 80 percent of Africa's food production, have limited access to training and extension services. Because of cultural norms, male extension workers generally will not consult with women farmers in the household in the absence of an adult male family member, even if the woman is the farm manager. According to an Office of Technology Assessment (OTA) study, women represent only a small portion of the agricultural extension staffs in African countries. The OTA report further found that most agricultural training programs for women stress home economics extension rather than agricultural production.

The Agency for International Development's (AID) Women in Development Office (WID) consistently has worked to heighten awareness among AID staff of the significant role of women in increasing agricultural production in Africa. Resources available to the WID office are low, however.

Another organization which has focused on providing development assistance to the low-resource farmer is the International Fund for Agricultural Development (IFAD). IFAD has designed a series of development programs that support the role of women as producers, including access to credit, training programs, home economics, marketing and education. Projects also support community organizations which act as centers for training and information exchange. And, most importantly, IFAD works with the governments of developing, countries to raise awareness of women's issues and potential benefits of expanding training opportunities for women farmers.

The Development Fund for Women (UNIFEM), focuses specifically on women's productive activities in rural and poor urban areas of developing countries. UNIFEM assists projects concerned with employment-generating activities, revolving loan funds, human resource development, and rural and urban development. Extension and training are important program emphases.

*2. Committee Activities.*—The Select Committee has undertaken a number of activities to enhance understanding of the needs and constraints affecting agricultural extension and education in Africa. The Select Committee consulted with AID, Peace Corps and World Bank officials on these issues and requested OTA to conduct a detailed examination of constraints to increasing the effectiveness of U.S. assistance in this area. Two hearings were conducted by the Committee: the first examined extension services and technology needed to increase family food production in Africa and the second examined African views on food security and self-sufficiency.

*3. Conclusions.*—The Select Comittee's investigation of agricultural extension and education in Africa leads to the conclusion that some efforts initiated in the past should be strengthened and others need to be restructured. More attention and support should be provided for indigenous education, training and extension systems. A new program should be established within AID's agricultural, nutrition and rural development account to provide grants to

African agricultural education institutions to provide education and extension services to low-income, low-resource farmers. At least 50 percent of the funds made available for this program should be targeted toward women farmers.

Given the important roles played by women farmers in Africa, the Committee concludes that mechanisms for targeting education, extension services and other resources to women farmers need to be strengthened and expanded. Resources should be made available to the WID office in AID and to IFAD to strengthen their programs accordingly. Guidelines and mechanisms provided to AID agricultural mission staff for ensuring that low-resources women farmers are included in the planning and design of agricultural projects and extension systems in Africa need to be strengthened.

### C. IMPROVING NUTRITIONAL STATUS

*1. Issue Description.*—Although malnutrition is seldom listed as the cause of death, studies show that it is a contributing factor in more than half of all child deaths in developing countries.

Poor nutrition affects as many as 50 percent of all small children in the poorest developing countries of the world. This very poor nutritional status results in potentially fatal nutrition diseases such as marasmus and kwashiorkor, which were epitomized for the world in the shocking photographs of famine victims from Ethopian relief camps in 1984 and 1985. It also results in specific nutritional problems such as nutritional blindness from lack of vitamin A, anemia from lack of iron, goiter and cretinism from lack of iodine, and most commonly, general debility that makes children vulnerable to infections and diarrhea.

There are nutrition interventions which have been proven effective in improving health and nutrition status among vulnerable groups. The activities of the U.S. Government in some leading nutrition interventions follows.

#### *Food Supplementation*

As obvious and widely accepted nutritional intervention is the provision of foods to poorly nourished populations or target groups within populations. During the African famine of 1984–1985, food supplements were provided on a population-wide basis. The U.S. Government provided 50 percent of the food made available by the international donor community.

In non-crisis times, however, most food supplementation programs are targeted to groups vulnerable to nutritional debilities, particularly pregnant and nursing women, children under the age of five, and school-age children. Nutritional packages of supplemental foods are available through the U.S. P.L. 480 program (see food aid section). These balanced, specially enriched blends of corn or wheat meal, soy flour, soy oil, non-fat dry milk, and vitamins and minerals are used to make beverages and porridges specially designed to meet nutritional needs of children and pregnant and nursing women.

### *Vitamin A*

It has been recognized for many years that lack of vitamin A in the diet will impair vision and, in severe cases, lead to blindness. An estimated 500,000 children in developing countries go blind each year because they do not get enough vitamin A. The World Health Organization considers vitamin A deficiency a public health problem in 73 countries and territories.

Evidence from 1985 studies in Indonesia indicated that vitamin A may play a significant role in preventing deaths from diarrhea and acute respiratory problems. One study found that vitamin A intervention alone reduces infant mortality rates by 23 percent and child mortality rates by 35 percent.

Nutrition interventions important in enhancing vitamin A adequacy in the diet include fortification of common foods, supplementation with vitamin A capsules, promotion of breastfeeding, nutrition education, and promotion of home gardening of vitamin A rich fruits and vegetables.

### *Breastfeeding*

Breastfeeding can be one of the most important childs health measures available worldwide. Breastmilk is cheap, nutritious, hygienic, easily digested, and provides immunologic protections to the newborn child. Milk and milk substitutes, on the other hand, can be nutritionally inappropriate, expensive, easily contaminated, and they contain none of the immunologic agents important to infants in the non-hygienic environment so common in developing countries.

In many countries, bottle-fed children are five to 10 times more likely than breastfed ones to die before age one. Despite growing awareness of these facts worldwide, there has been a gradual decline in breastfeeding as women take jobs outside the home and infant formulas are increasingly available and attractively marketed.

The work of AID, UNICEF and POVs is vitally important to reinforcing the importance of breastfeeding as a safeguard for infant health worldwide.

### *Iodine Deficiency*

One quarter of the world's children are at risk of iodine deficiency, the world's leading cause of preventable mental retardation. Iodine is readily available in seafoods, but leaches from the soil in mountainous regions and flood-prone areas, leaving whole populations low in iodine. Deficiency of iodine results in stunted growth, poor physical coordination, goiter (swelling of the thyroid gland in the throat), deafness, muteness and cretinism. Even mild iodine deficiency stunts physical and mental growth.

However, iodizing salt, which is the simplest remedy of iodine deficiency, costs only two or three cents per kilo. Even in areas where iodizing the salt is not feasible, iodized oil injections can protect for up to five years at a cost of 40 cents.

Iodization programs in Argentina, Colombia. China, Brazil, Ecuador and Zaire have helped increase birth weights, reduce infant mortality, and improve schoolchildren's intelligence scores. Nationwide programs being launched in Andean countries (principally Peru and Bolivia), Nepal, India and Bhutan have the potential to reduce iodine deficiency dramatically and eliminate the goiters, cretinism and mental retardation it causes within a few years.

*Home Gardens*

Home gardens have been defined as "a subsystem within larger food procurement systems which aims at production of household consumption items either not obtainable, readily available, or affordable through field agriculture. Household gardens supply supplement subsistence requirements and generate secondary direct or indirect income. They tend to be located close to permanent or semi-permanent dwellings for convenience and security." Home gardens can improve the vitamin and mineral content of diets based exclusively or primarily on one basic staple, as well as increase the caloric and protein content of the diet. A home garden project in Lima, Peru, was found to increase intake of higher-quality carbohydrates, decreased loss of nutrients through freshness, and increased consumption of fruits and vegetables which would not have otherwise been available to families because of high market prices.

AID has been expanding its involvement in home gardens with the Asian Vegetable Research and Development Center (AVRDC) project in several Asian countries. The program encourages home and village production of locally acceptable green leafy vegetables and other vegetables and fruits rich in vitamin A.

*2. Committee Activities.*—The Select Committee has held two hearings to address international health and nutrition concerns. At the first hearing in 1985, experts from John Hopkins University and Helen Keller International described the importance of vitamin A intervention programs. A witness from Save the Children discussed the importance of home gardening projects as a nutrition intervention.

In June of 1985, the Select Committee released a report on "Vitamin A—An Urgent Nutritional Need for the World's Children." Select Committee members introduced legislation to earmark $30 million in AID's agriculture, rural development and nutrition account for these activities. An earmark of $8 million for vitamin A programs was approved in fiscal year 1986. However, a reduction in the overall agriculture, rural development and nutrition account resulted in significant declines in funding for other nutrition projects.

In 1986 the Select Committee conducted another hearing on international health and nutrition concerns and learned of AID's progress on nutrition activities, particularly vitamin A activities. Members then informed the appropriations subcommittee for foreign operations of these activities. As a result, the vitamin A earmark was retained in the fiscal year 1987 foreign assistance appropriations legislation.

Select Committee members also worked on report language for the Child Survival Fund which makes specific reference to other vital nutrition activities. Such as breastfeeding promotion. This language was also incorporated in the fiscal year 1987 foreign assistance legislation.

*3. Conclusions.*—The Select Committee's investigation of nutritional needs in developing nations leads to the conclusion that nutrition programs are a vital component of our foreign assistance program and should be enhanced. Important program emphases include support for vitamin A programs, other specific nutrition programs including iron and iodine sufficiency activities, breastfeeding promotion, home gardening projects, and food assistance programs. Nutrition should be a central focus of food and agricultural policies so that the development of agricultural systems will also support nutritional goals. Each of the above-listed program emphasis will assist in meeting these goals.

### D. USE OF CREDIT TO EXPAND INCOME

*1. Issue Description.*—Poor individuals in developing countries must have access to credit in order to raise their incomes and their productivity. Rural farmers can use credit to purchase necessary inputs such as fertilizer, seeds, or new equipment, which in turn can lead to greater food security and higher income. Urban dwellers who survive by hawking theri goods in the streets or working in other small enterprises can use credit to improve their production and income. In both cases, credit can help the very poor, the hungry, and the malnourished break out of the permanent cycle of dependency and low productivity.

However, banking institutions in the developing world rarely make credit available specifically for the poor. These banks often impose strict collateral requirements and repayment schedules that make it impossible for the poor to receive loans. Poor people thus are often forced to turn to loan sharks and money lenders who charge interest rates ranging from 25 percent a year to 25 percent a day, resulting in constant indebtedness and continued poverty for the borrowers.

Micro-enterprise credit projects, projects which provide credit specifically for small groups of very poor individuals engaged in commerce, have recorded impressive increases in income and in savings for the poor. According to ACCION International, an organization which facilitates micro-enterprise credit programs in Latin America, loans to the poor can generate $4 to $5 in economic activity for every $1 loaned. Credit to the poor can also result in greatly increased savings. The Badan Kredit Kecamatan Program (BKK) in Indonesia, for example, has found that over 40 percent of the poor borrowers have established savings accounts. Similar findings of increased income and savings by the poor have been reported by successful micro-enterprise credit projects throughout the developing world. The result has been greatly increased productivity by individuals who were previously trapped in a cycle of increasing poverty. Micro-entrepreneurs have demonstrated a willingness to reinvest their earnings into new businesses and the surrounding economy, which in turn contibutes to the overall economic development of the country.

Credit programs for the poor have also had significant and impressive loan repayment rates. ACCION International reports that their projects have averaged a 95 percent repayment rate, higher than many consumer banks have realized. The Gremeen Bank in

Bangladesh, partly funded by the International Fund for Agricultural Development (IFAD), has experienced a loan repayment rate of nearly 99 percent since the bank's inception in 1982. These results demonstrate the cost-effectiveness of projects that provide credit for the poor.

While interest in the concept of micro-enterprise credit has grown in recent years, there has been relatively little accomplished in terms of new initiatives to provide credit to micro-entrepreneurs. Banking institutions in developing countries have not taken significant steps towards providing credit to the poor, and obstacles remain which make borrowing from these institutions almost impossible for the poor. Expansion of micro-enterprise credit must therefore involve the development of financial intermediaries designed to assist entry-level micro-entrepreneurs.

Several multilateral and bilateral donors, including the World Bank, IFAD, and the Agency for International Development (AID), have expressed interest in micro-enterprise credit projects; the increased participation of such donors could greatly benefit micro-entrepreneurs in the developing world.

2. *Committee Activities.*—The Select Committee has initiated several efforts to inform the Congress and the public of the importance of micro-enterprise credit. The Select Committee issued a report and an information brief on credit for the poor. Two forums were held on the subject, one involving members of private organizations involved with micro-enterprise credit; the other included Mike Farbman of AID, Ken Cole of the Inter-American Development Bank, Edward Marasciulo of the Pan American Development Foundation, Ernie Kalibala of the African Development Foundation, and Dr. Muhammad Yunus, founder and director of the Grameen Bank in Bangladesh. The Select Committee also sponsored a discussion with AID Administrator Peter McPherson on micro-enterprise credit. The Select Committee sponsored a teleconference with African agriculture experts in Lagos, Nigeria, in which credit for the poor was extensively discussed and held a hearing specifically on micro-enterprise credit. Members of the Select Committee were involved in drafting and introducing legislation aimed at increasing the availability of micro-enterprise credit through use of local currency generated by Food for Peace sales. They also supported legislative language encouraging the World Bank to provide micro-enterprise credit.

3. *Conclusions.*—The Select Committee's review of micro-enterprise credit in developing nations leads to its strong support for the continuation and expansion of such efforts as a means of fostering development.

The Select Committee has found that programs which provide credit to the poor are a cost-effective way of increasing income, savings and productivity of the poorest individuals in developing nations. It also has seen that these projects can be operated in a manner that results in high loan repayment rates that should make them attractive to prospective donors.

It has been found that banks in developing nations are not taking the necessary steps to make credit available to the poor, such as eliminating extensive collateral requirements, difficult repayment schedules, and literacy requirements. The Select Committee's work indicates that these banks could be involved to a much greater extent in providing credit to the poor, and they should be encouraged to do so by development agencies.

The Select Committee has also found that other steps could be taken in developing nations to increase access to credit for the poor. The establishment of indigenous financial intermediaries designed to provide credit to micro-enterpreneurs would greatly improve the prospects for micro-enterprise finance.

Bilateral and multilateral agencies could increase their current efforts at sponsoring micro-enterprise credit. Specifically, the United States could use local currencies generated by the Title I concessional sales program of Food for Peace to provide capital to financial intermediaries for the sole purpose of lending to entry-level micro-entrepreneurs. AID field staff could benefit from training programs designed to enhance efforts to expand micro-enterprise lending activities.

The Select Committee has been impressed with IFAD's involvement in efforts to fund micro-enterprise credit projects. IFAD should be encouraged to continue such efforts and that other multilateral donor organizations should be encouraged to replicate IFAD's success in this arena. Other institutions, particularly the multilateral development banks, should be encouraged to increase their efforts in micro-enterprise credit by establishing special funds to be used by financial intermediaries for financing micro-enterprises owned by the poor in developing nations.

### E. EFFECTIVE USE OF FOOD ASSISTANCE

*1. Issue Description.*—The high level of effectiveness of U.S. Government food assistance programs to developing nations directly stems from the developmental focus of food aid mandated in the Food for Peace legislation and from the use of appropriate mechanisms to deliver the food. The food-for-work programs, maternal and child health programs, and school feeding programs have all proven to be useful ways of delivering food assistance and increasing its impact. However, the debate on the developmental impact of food aid programs continues.

Over the past two and a half years, the Select Committee has documented the effectiveness of U.S. overseas food assistance. The Committee found that the Food for Peace program (P.L. 480) has significantly assisted chronic food deficit countries in its 32 years of operation, as well as providing emergency food assistance to countries ravaged with famine. The U.S. farm economy has also benefitted by exports under the Food for Peace program.

The effects of the specific programs under Food for Peace have been more difficult to measure. The long-term educational and nutritional impact of school feeding programs, for example, has not been adequately documented. AID, in fact, has begun to redirect resources away from these programs, and, in the case of India's school feeding programs, phase them out altogether. The infrastructural development component of the food-for-work programs have also had mixed results. These programs have been less than totally successful in building durable roads, bridges, and water works. The maternal and child health programs, however, have had documented success is improving nutrition among recipients. The integration of health care services, such as immunization, with the maternal and child health programs have been less successful.

With the passage of the Food Security Act of 1985, new authorities were created which could significantly enhance the developmental use of food assistance. Title I of P.L. 480, the concessional food sales program, now allows for the sale of U.S. commodities for local currencies in developing countries. The local currencies generated by such sales are then made available to support self-help development programs, finance micro-enterprises owned by the poor, and defray administrative and start-up costs of American and indigenous nonprofit voluntary organizations and cooperatives. The legislation also allows for a percentage of U.S. food assistance to be sold within the recipient country by a nonprofit voluntary organization for the procurement of local currencies. Local currencies generated from such sales may be used to provide local supplies, such as tools and seedlings to support food-for-work programs, and to support agricultural development programs. Finally, the legislation increases the minimum tonnages of food which must be sent out under Title I and Title II and makes available for overseas shipment more of the surplus commodities held by the Commodity Credit Corporation.

*2. Committee Activities.*—The Select Committee held a hearing which examined the role of private voluntary organizations (PVOs) in distributing U.S. food assistance. Also a hearing was held on the changes in food aid policy that were mandated in the Food Security Act of 1985. During the hearing, representatives of the Agency for International Development (AID) and of the U.S. Department of Agriculture (USDA) testified on the Administration's progress in implementing changes in the food aid legislation. Representatives of CARE and Catholic Relief Services, American PVOs that distribute huge quantities of food aid commodities each year, indicated that greater efforts could be made to make these new programs accessible to the PVOs. Members of the Select Committee contributed to the legislative changes in food assistance included in the Food Security Act.

*3. Conclusions.*—The Select Committee has found that U.S. food assistance programs are an effective means of addressing food emergencies and of contributing to the development of recipient nations. Further, they are also beneficial to the U.S. farm economy. The Select Committee also found that steps can be taken which could improve the developmental aspects of U.S. food aid programs. The changes which were made in food aid policy in the Food Security Act should be fully implemented. Specifically, the requirement that certain percentages of both Title I and Title II commodities be monetized for local currencies shold be met without delay. The currencies generated by these sales could greatly contribute to the developmental impact of food assistance. The minimum tonnage requirements under P.L. 480 and Section 416 should be honored so that the necessary amount of food is available to achieve the developmental objectives of the U.S. food assistance programs.

The Select Committee has found that PVOs are effective conduits of U.S. food assistance to developing nations. They are able to provide assistance in an appropriate manner through direct, localized contact with the recipients. PVOs have the necessary mechanisms in place to ensure that the food reaches the intended recipients. AID should therefore expand the role of PVOs in providing food assistance.

The maternal and child health programs, the food-for-work programs, and the school feeding programs should continue to be significant distribution mechanisms of food assistance. The school feeding program specifically should receive the continued support of Congress as an effective developmental program. Food-for-work programs, which make possible such projects as the procurement of local water supplies and reforestation efforts, should also be encouraged.

### F. IMPROVING THE U.S. DISASTER ASSISTANCE PROGRAM

*1. Issue Description.*—Statistics suggest both that the global environment is becoming more hazardous and that more people are becoming more vulnerable to the risks of disaster. Both the frequency of disasters and the number of people killed in all sudden impact disasters have been increasing since 1976; the toll taken by slower, creeping disasters has been dramatically illustrated by the Sub-Saharan African famine. The human and economic cost of disasters is highest in less developed countries. The toll is highest among the poorest elements of the populations of these countries—people who tend to be malnourished and hungry. Disasters constitute a major impediment to the development of numerous Third World countries—representing an estimated fifteen percent negative impact on annual growth in gross domestic product in certain cases—and impose a threat to the lives and livelihoods of millions of their residents.

Congress formally established a foreign disaster assistance program within the Agency for International Development (AID) in 1964. By 1984 that program had provided emergency humanitarian relief in response to some 811 disasters in 130 countries in which over 2.3 million persons were killed and an estimated 803 million were affected. That response included the provision of food, shelter, medicine, equipment, technical assistance and expertise and cash for the local purchase of urgently required supplies. The disaster relief capacity of AID is quick and effective and generally credited with being more appropriate than that supplied by many other donor governments. Preparedness and mitigation programs are an essential element of the disaster assistance program, based on the realization that efforts made prior to the onset of a disaster situation to mitigate the human and development toll are ultimately far more effective than relief efforts after the fact.

AID has demonstrated a capacity to respond adequately and quickly to sudden localized disaster situations. It is in response to large scale, creeping disaster situations such as drought and famine that the effectiveness and responsiveness of the program is in doubt. The devastating Sub-Saharan African famine of 1984–85 underscored the shortcomings of the existing U.S. disaster assistance program. As reflected in a study by the General Accounting Office (GAO) in 1986, AID was unprepared to detect or to respond to what proved to be the most destructive natural disaster of modern times.

Several hundred thousand people in Ethiopia, the Sudan and other famine-stricken nations were lost, many millions more dislocated, before the U.S. Government (as well as other donor governments and organizations) was prepared to provide adequate assistance. AID did not rely on the Office of Foreign Disaster Assistance (OFDA) to manage its response to the catastrophe, but, instead, created new mechanisms to handle that responsibility. The financial and managerial capabilities of AID were proven not to be adequate for the task at hand.

The increased population at risk from disaster threats and the demonstrated shortcomings of the existing disaster assistance program together strongly indicate the need for an enhancement of this important element of the U.S. foreign assistance program. The ongoing potential threat of famine in Sub-Saharan Africa alone underscores the requirement for a greater effort in this area.

*2. Committee Activities.*—The Select Committee, concerned about the ongoing threat of natural and manmade disasters on the lives and livelihoods of the poor and malnourished populations of developing nations, undertook the task of analyzing the capacity of the U.S. Government to respond to a variety of disaster situations. The report, issued in September, 1986, concluded that the current level of funding for the disaster assistance program and the established mechanisms to augment funding on a contingency basis are inadequate. Further, the report found that the proportion of the disaster assistance appropriations allocated for disaster preparedness activities is also inadequate. Current risk assessments of developing (creeping) disaster situations do not permit required mitigation and mobilization efforts, and, additionally, current authorization legislation lacks the specificity required to prevent use of the program for non-disaster purposes, the report found.

On July 24, 1986, the Select Committee conducted a hearing on the foreign disaster assistance program. Various proposals on enhancing the effectiveness of the program were discussed with hearing witness who represented the Office of Foreign Disaster Assistance at AID and Catholic Relief Services (CRS). (CRS, the largest American private voluntary organization, has vast experience in the arena of providing emergency relief assistance to disaster victims around the world. CRS was a major distributor of U.S. Government relief aid across the African continent during the 1984–85 famine crisis).

*3. Conclusions.*—The Select Committee's investigation of the effectiveness of the U.S. Government's foreign disaster assistance program, and the current and future threat posed by disasters on vulnerable populations, leads to the conclusion that the program needs to be enhanced. In particular, the ability of OFDA to prepare for and respond to disaster situations should be strengthened; greater advantage of technology and training available to ameliorate the effects of these catastrophes should be taken. Such preparation will help reduce the tragic number of fatalities which result from long-developing disasters, such as the African famine, and could well save significant amounts in disaster relief expenditures.

The Select Committee report on the disaster assistance program noted the effects of inflation on the OFDA annual budget, which, when reflected in constant dollars, is currently funded at a level less than 25 percent of the 1964 budget for the program (the year the program was initiated.) This decrease in funding contrasts with a vastly multiplied number of persons at risk from disaster and a seeming increase in the incidence of certain disaster types. The Select Committee's investigation further leads to the conclusion that consideration should be given to developing a no-year disaster relief contingency fund to eliminate the disruptive transferring of funds from AID's development assistance accounts during disaster emergencies. If such accounts are depleted without congressional restoration of funds, as is frequently the case, then the risk is to allow a systematic decline of our development activities overseas, a particular concern during a period of severe budgetary constraints.

The Select Committee also finds that consideration should be given to authorizing language which would more clearly define the purposes for which disaster funds should be spent. The changes should serve to strengthen the humanitarian intent of the law by specifying that disaster funds should assist civilian populations only and that such assistance be given on the basis of need without undue regard to political considerations. Any such specifications would have to be constructed in ways which would not unduly complicate the disaster assistance process.

### G. HEALTH CARE AND CHILD SURVIVAL ACTIVITIES

*1. Issue Description.*—It is well established that malnutrition and infection are mutually reinforcing conditions. Malnutrition and hunger are caused not only by lack of food, but also by parasites, infections, and diarrheal diseases which increase the probability of malnutrition. Therefore, improvements in the health status of populations, particularly in children, will also serve to improve nutritional status.

Furthermore, simple, low-cost and easily available health care measures can dramatically reduce the incidence of illness and death in developing countries. Most of the 40,000 children under age five who die daily throughout the world succumb to the combined effects of malnutrition and infections. UNICEF estimates that half of those deaths could be averted if four simple interventions were utilized: growth charts to identify undernutrition, oral rehydration therapy to replace fluids lost in diarrheal episodes, immunizations against childhood diseases, and breastfeeding of infants (instead of bottle-feeding).

Immunizations are a leading initiative in the child survival program of AID, UNICEF and the PVOs. Universal immunization could avert four million child deaths worldwide from easily preventable diseases—polio, measles, whooping cough, diphtheria, tetanus and tuberculosis. However, in the developing world, less than 20 percent of children are fully immunized.

UNICEF estimates that additional resources required to meet universal immunization, over and above all currently committed resources by developing countries, would equal $100–$150 million per year.

*2. Committee Activities.*—Since its inception the Select Committee on Hunger has been greatly interested in the relationship between hunger and ill health. Select Committee on Hunger Members have worked actively to promote U.S. Government support for these highly effective health interventions. In 1984 this support directly resulted in increased funding for health assistance through the Agency for International Development (AID) of $50 million, and increased funding for nutrition assistance of $10 million. These funding increases were largely maintained in the succeeding foreign aid funding measures of 1985 and 1986.

Additional evidence of Congressional support for basic health care in developing countries was the establishment of the Child Survival Fund at the Agency for International Development in 1985. This fund was created by Congress specifically to "promote, encourage, and undertake activities designed to deal directly with the special health needs of children and mothers." A significant provision in the Child Survival Fund legislation calls on AID to support appropriate activities carried out by international organizations and by private and voluntary organizations (PVOs). Since the implementation of this legislation, private and voluntary organizations have dramatically increased their participation in primary health care programs with the use of U.S. Government funding. PVOs indicate, however, that they are eager and prepared to expand their programming if additional funding is made available.

In 1985 Select Committee members introduced legislation to expand funding for immunizing the world's children by 1990. This legislation was incorporated into the fiscal year 1987 foreign assistance appropriations as an increase in AID's Child Survival Fund to $75 million, with an earmark of $50 million for immunization activities.

One issue of concern about the increased funding for child survival and health activities is the ability of AID to manage the funds. Since 1984, funding for personnel agency-wide has decreased. In 1985 the number of persons in the AID central health office decreased from 24 to 18. Congress, with the support of the Select Committee and in the interest of insuring that the increased AID health funding be managed as efficiently as possible, directed the agency in its 1985 foreign assistance legislation to increase the number of personnel working on health assistance programs.

*3. Conclusions.*—The Select Committee has actively supported and will continue to support investments in basic health care as a means to alleviate hunger. AID's Child Survival Fund, as a vital component of the U.S. Government response to poor health conditions in less developed countries, will continue to be a focus of Select Committee interest and activity. The Select Committee supports important health care activities conducted by AID, UNICEF, the World Bank, the World Health Organization (WHO) and PVOs.

### H. REDUCING POPULATION GROWTH RATES

*1. Issue Description.*—Sustainable developmental progress in Third World nations and progress in reducing the incidence of hunger and malnutrition rests on reversing high population growth rates. Population, development and environmental factors are so closely linked that no sustainable, significant progress can be made in one area without progress in the other areas. There is little prospect for a reversal in the hunger and malnutrition statistics until population growth rates are brought into balance with the ability, at the regional level, to feed that population.

Since the 1960's the United States and other donor countries have encouraged developing country governments to take steps to recognize that rapid population growth was a major obstacle to development and to establish policies and programs intended to reduce fertility. The U.S. provided assistance for voluntary family planning programs in a number of nations and encouraged other donors to do the same.

The long-standing position of the U.S. Government on population growth policies and family planning assistance programs as an essential element of development have recently come under strong attack, and both have been altered as a result. The changes appear to result from philosophical and ideological opposition to family planning assistance rather than from differing opinions on the effectiveness of such assistance. At the UN-sponsored International Conference on Population in 1984, United States Government representatives indicated this change in position, arguing that population growth rates need not be negative. Indicative of this change in policy, the Administration request for population funding in 1987 was $40 million less than the 1985 appropriation level.

*2. Committee Activities.*—The Select Committee has held two seminars and one hearing specifically addressing the issue of population growth in developing countries. In June 1985, the Select Committee hearing on "Population Growth and Hunger" heard from witnesses representing Worldwatch Institute, the World Population Society, and the Population Crisis Committee. Each expert witness reinforced the argument for controlling population growth rates by the strengthening of voluntary family planning programs.

*3. Conclusions.*—All evidence considered by the Select Committee underscores the vital necessity of maintaining voluntary family planning assistance programs as a central and essential element of foreign aid. High fertility has negative effects on the social and economic circumstances, including health, education and income, which led to malnutrition and hunger. High population growth rates have severe negative consequences on the natural resources and the environment of developing nations and result in lowered food production potential. The Select Committee will continue its investigations into the most effective means to support family planning activities undertaken by the United Nations, World Bank, AID and other development assistance organizations.

### I. WATER AND SANITATION IMPROVEMENT

*1. Issue Description.*—Unsafe water and insufficient water supplies and sanitation facilities are responsible for eighty percent of all human illness and disease, as well as for heavy losses in agricultural and other economic activities. The lack of a reliable and safe water supply is a major impediment to the improvement of the health and nutritional status of literally millions of malnourished residents of the Third World; it vastly reduces productivity in a wide range of sectors; and, it diverts millions of hours of potentially productive labor into the search for the daily requirement of water.

Water and sanitation programs have become a priority for developing countries and for many donor organizations. The United Nations has declared the years 1981–1990 the International Drinking Water Supply and Sanitation Decade in an attempt to focus attention on the need for accelerated efforts to increase and improve the water supply at the local level in developing nations. UNICEF devotes approximately 25 percent of its annual budget to developing simple water supplies. The United Nations Development Programme (UNDP) has established water projects as a priority focus as well. Additionally, several European donor governments and a number of American and other private voluntary organizations have substantially increased their funding for village-level water programs. Such support stems in part from a realization that the ultimate success of the child survival revolution and primary health care systems depends upon access to potable drinking water and adequate sanitation. The association between water and health is second only to that demonstrated between female education and child health.

A particularly deplorable water-borne disease that illustrates the adverse effects of inadequate and unsafe water supply on health, agriculture, education and the general quality of life in affected areas of Africa and southern Asia is dracunculiasis, also known as Guinea worm disease. An estimated thirty to fifty million people in the affected countries are at risk to dracunculiasis. The Guinea worm parasite, ingested by drinking contaminated water, grows in the human body to a length of more than two feet, causing severe pain, itching, swelling and infections. Large portions of the rural populations of some countries in Africa are completely incapacitated during planting and harvesting seasons by this illness. The disease has substantial impact among adult farmers and children, and results in decreased agricultural output, decreased school attendance, and pain and chronic disability. The disease is preventable. Health education and treatment of contaminated water are important steps in controlling the disease. Providing safe drinking water in communities where the disease is endemic is the most appropriate and effective long-term solution. The provision of a safe water supply has additional advantages of reducing other water-related diseases, as well as contributing to increased economic output.

The World Health Organization (WHO) recently adopted the universal eradication of Guinea worm disease as a goal. This is the first disease eradication commitment undertaken by WHO since the successful attack on smallpox. WHO is calling upon donor governments and organizations, as well as private voluntary organizations, to assist developing country governments to establish plans of action for elimination of the disease.

Support for water and sanitation projects as a component of the U.S. Government's foreign aid program has been uneven. The Agency for International Development (AID) launched the Water and Sanitation for Health Project (WASH) to support Water Decade activities. WASH provides short-term technical assistance in Third World countries, supplying experts in engineering, planning, economics, social sciences, public health, human resource development and the technology of low-cost water supply and sanitation. An American Public Health Association evaluation of the

WASH project submitted to AID found a large discrepancy between AID's investment in water and sanitation projects and the number of direct-hire experts in the field (seven water and sanitary engineers at the time of the evaluation.) The WASH budget has been further decreased by AID in the years since the evaluation was conducted.

Additional assistance is provided through the Peace Corps which has developed a number of important programs to support the Water Decade and has a cadre of volunteers in more than 30 countries trained in water and sanitation technologies.

AID does not have a water and sanitation functional account, but provides limited support for water and sanitation projects through the health and agriculture/rural development accounts. Additionally, the Economic Support Fund (ESF) is used to support a number of urban water and sewer projects. In fiscal year 1982, the total support for water and sanitation projects was about $190 million, $163 million of which was provided as economic support funds.

Funding for water and sanitation programs has declined as a proportion of the expenditures of the AID health account (the most important development assistance functional account source of funding for water projects) and of the overall foreign assistance budget. There is no line item in AID's legislation or budget which serves specifically to identify funds to support activities in the water sector. The water and sanitation sector must compete for funding from a variety of accounts and is managed in a variety of ways within AID, without clear responsibility and authority being established.

*2. Committee Activities.*—The Select Committee emphasized restoration of safe water supplies as an appropriate use of non-food funds provided by African famine supplemental appropriation legislation. Other activities concerned with water and sanitation in developing countries which have been undertaken by the Committee include a seminar focusing on relationships between adequate supplies of safe water and health, nutrition and economic productivity. A series of consultations concerned with the extent, impacts, and strategies for controlling Guinea worm disease was held with staff members from AID, WASH and the Center for Disease Control. A report on this problem is under preparation by the Committee.

*3. Conclusions.*—Evidence reviewed by the Select Committee indicates that the economic and health status of several hundred million Third World residents is inextricably linked to an expansion in the quantity and an improvement in the quality of water supply and sanitation facilities. It is clear that a major expansion of water for human consumption and sanitation programs within the foreign assistance program is essential for achieving health and economic development goals.

Water supply and sanitation programs should be established as priorities within the development assistance and economic support fund accounts. Special attention should be given to investing in and developing rural water supply projects.

The Select Committee's work further leads to the belief that the U.S. Government should make an early commitment to contribute necessary and appropriate efforts and resources to support the international campaign to eradicate Guinea worm disease.

### J. RESTORING AND PROTECTING THE ENVIRONMENT

*1. Issue Description.*—Ecological decline has been a significant contributing factor to the reduced productivity of African agriculture and one of the underlying causes of the recent famine; ecological degradation in fact now threatens food production in a great number of developing countries. Environmental protection and natural resource management must be linked to development assistance programs if we are to have effective efforts to alleviate hunger and malnutrition, and achieve agricultural self-sufficiency in poor countries. It is clear that no long-range strategy to address hunger can succeed which ignores the environmental deterioration which is undermining the very ability to produce food across large areas of the developing world. Much more needs to be done to reverse the present trends. More than 40 percent of all Africans live in countries where grain yields per hectare are lower today than they were a generation ago.

Environmental degradation is a manfestation of two fundamental problems: low per capital food availability and high population growth rates. The misuse and overuse of the land by people and their livestock has exacerbated the decline we now see. In addition to the increasing demographic pressure, the combination of deforestation, soil erosion and desertification has eliminated the capacity of once productive land to sustain life. Desertification now threatens over 2.7 million square miles of the Sub-Sahara. Ethiopia alone loses about one billion tons of topsoil each year. The United States, with six times the land area, loses a comparable amount each year.

As these forces of environmental decline continue, they tend to act together in accelerating the depletion of natural resources. For instance, when forests are cut for fuelwood and not replaced, people take crop residues and animal dung for fuel, thus starving their soil of essential nutrients, a phenomenon seen in Pakistan and parts of India and many other areas. An estimated 400 million tons of dung are burned annually in this way, depressing grain production by 14 million tons per year, an amount greater than the food aid provided annually to the developing nations of the world. Forest cover has declined by 30 percent in this century in the Southern Hemisphere. Unless actions are taken to stop this trend and restore the resource base in other areas, many countries in Sub-Sahara Africa, and elsewhere, will become permanently dependent on imported food. There will be other severe economic consequences impacting the already vulnerable population of developing countries if current decline is not reversed.

*2. Committee Activities.*—The Select Committee, in seeking to understand the breadth and severity of environmental decline, heard a panel of internationally-recognized environmental experts at a July, 1986, hearing described the consequences of allowing current trends to continue. The Committee's central interest in environmental issues is the direct impact of ecological decline on food production, which makes environmental degradation a hunger issue.

The Select Committee previously had examined some of the environmental causes of the 1984-85 African famine crisis as part of its efforts to assure an adequate response to that on-going tragedy. The Select Committee has engaged a number of environmental experts in a dialogue on the various linkages between ecological decline and hunger and malnutrition.

*3. Conclusions.*—The Select Committee finds that it is in both the strategic and humanitarian interest of the American people to address the world wide problem of environmental preservation and, in particular, to arrest the decline in African agricultural productivity. Furthermore, it is in our interest to preserve biological diversity through resource management, because species from around the world have contributed significantly to our own food development.

There is no one solution to arresting the current environmental decline in Africa. It will take a concerted effort in resource management eduction, the application of appropriate agricultural techniques, and a new commitment by local governments to end practices which are ecologically damaging. These efforts to prevent degration of natural resources are essential if we are to achieve the goal of sustained agricultural development in Africa.

In a report prepared for the Select Committee by the Office of Technology Assessment (OTA), entitled "Africa Tomorrow," it is stated that "low-resource producers are the group most likely to increase food production enough to feed a significantly greater number of Africa's population." The Select Committee believes that small-scale and resource-conserving local project offer the best promise of quick and effective implementation. Organizations with the ability to carry out such projects need greater encouragement and support.

The Select Committee also found that development projects funded, by major donors, including the multilateral development banks (MDBs), have sometimes resulted in detrimental impact on the local ecology. The Select Committee believes that such projects should be undertaken only after the lending institution has fully examined the possible adverse effects and consulted with the appropriate environmental officials. The U.S. should consider measures to insure that MDBs comply with a responsible environmental management program and do not expend resources on projects that encourage ecological decline on marginal land.

### K. SUB-SAHARAN AFRICAN DEBT AND BASIC HUMAN NEEDS

*1. Issue Description.*—A huge burden of debt, at a time of increasing competition in the international marketplace and realtively unproductive and stagnant domestic economies, has left many African governments with difficult economic choices. These countries can choose to devote their resources to infrastructure development and basic human services, or they can forsake some of these essential needs to meet their balance of payments. Although the largest portion of outstanding debt in the developing world is owed by South American countries, the poorer, less productive nations of Sub-Saharan African must endure, an equal, if not greater, debt-service ratio in many cases. These countries, the most in need of basic human services, are increasingly the least able to provide them. Senegal, for example, has very high rates of illiteracy and population growth, which must be addressed through increased education and health programs. By no means the poorest African nation, Senegal, nevertheless, carried a debt equal to 70 percent of its gross national product in 1984. 36 percent of the country's foreign exchange earnings were needed to service the debt in 1985. To compound the problem, tax revenues are declining, reducing the government's ability to meet basic needs, at a time when its foreign debt is increasing. Senegal has negotiated four different reschedulings of the debt with its creditors, but the prospects for repayment have not significantly improved. If the goals of U.S. foreign assistance are to stimulate the growth of developing country economies and to help meet the needs of the poorest people in those countries, then we must pursue ways to relieve the current debt that is stifling both these objectives.

*2. Committee Activities.*—The Select Committee commissioned the Congressional Research Service to examine the impact that external debt has on a country's ability to meet the basic human needs of its populace. This study, "Foreign Indebtedness and Basic Human Needs in Four African Countries," deals with the debt management strategies and economic situations in Nigeria, Senegal, the Sudan and Mauritania. The Select Committee will be examining options for addressing the critical problems of debt burden, which threatens to undermine any progress on basic human needs in the Sub-Sahara, as a component on any enhanced development assistance initiative for Africa that may be considered by the Congress.

*3. Conclusions.*—It is a political reality that the essential building-blocks of long-term development are often held in abeyance until short-term needs are met. Sub-Saharan Africa may be reaching the stage where those short-term needs are chronic, preempting any chance for addressing longer-term needs that are essential for a stable economic and political environment. One of Africa's primary short-term needs is debt relief, yet Africa's indebtedness to the West continues to grow. The preoccupation with gaining a means of foreign exchange to pay this debt inhibits the use of African resources for domestic development. In some cases, crops produced for export may exacerbate the problems of inadequate food security and environmental decline.

Clearly, African nations need a comprehensive strategy to deal with their mounting debt. Until solutions are found, basic services to the poor and needy will continue to receive less than adequate attention. Any strategy, addressing debt relief, must take into account the lending to Africa now taking place. The current debate centers on what form this lending should take, both from bilateral and multilateral sources. Options include continued emphasis on country project loans, which traditionally have had the intent of meeting basic human service needs or an increased concentration on program loans to address macro-economic and sectoral reforms which have the aim of boosting the productivity of African economies.

The Select Committee believes that a mix of such lending is inevitable and desirable for the short-term. However, further examination may reveal that it would be wise for U.S. Bilateral assistance to concentrate increasingly on meeting the gap in basic human service needs, while the multilateral development banks structure their lending to deal with overdue macro-economic policy reform. In this sense, the Agency International Development (AID) project assistance would continue to stress assistance to the poor and act as models for longer-term development, until such time as the multilaterals can again emphasize lending to meet basic human service needs.

The Select Committee also believes that there is potential for enhancing long-term development by examining the conversion of some African debt into local currency, for use in appropriate, small-scale development projects. Authority now exists to allow foreign governments to repay a portion of their Title I, Food for Peace, obligations to the U.S. in local currency, which is then channeled into development programs. Applying this strategy to currently held debt could prove beneficial to the dual goals of enhancing economic growth and meeting human needs in Africa.

## II. Domestic

### A IMPROVED UTILIZATION OF FEDERAL FOOD ASSISTANCE PROGRAMS

*1. Issue Description.*—A large portion of potentially eligible low-income persons do not participate in the major federal food assistance programs designed to improve nutritional intake. Among those not participating are persons in special populations at-risk of hunger, including pregnant and postpartum women, infants and children, the elderly, the rural and urban poor, the homeless and migrant farmworker families.

#### *Food Stamps*

The Food Stamp Program—the largest federal food assistance program for low-income Americans—is designed to serve all persons who meet the eligibility criteria. However, currently benefits do not reach an average of one-third of the eligible persons nationwide. The participation rate among the eligible elderly is only 50 percent, with a lower rate among those who live alone or who are over age 80. A witness, quoting from "Food Stamp SSI/Elderly Cashout Demonstration Evaluation," a June 1982 report issued by USDA, stated that approximately one-half the elderly persons eligible for the Food Stamp Program don't take advantage of the benefits to which they are entitled. The rural poor, working poor families, low-income persons not receiving Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) benefits, the homeless, migrant farmworkers, and households headed by farmers have lower participation rates than the national average.

Witnesses at Select Committee hearings have identified four major causes for the low utilization of food stamps by eligible persons: inadequate progam information; administrative complexity of the application process; limited mobility of potential applicants; and the social stigma associated with using food stamps.

Testimony presented to the Committee illustrates that inadequate program information is manifested in several ways. A large portion of eligible nonparticipants either do not know about the program and its eligibility criteria or have misinformation about the eligibility criteria and/or the application process. Among the eligible elderly, many reportedly do not participate because they mistakenly believe that their household is eligible to receive only a minimum food stamp benefit. Facts presented, however, indicate that utilization of the excess shelter and medical expense deductions could result in substantial food stamp benefits for this particular group.

The second major reason cited for the underutilization of the program is the administrative complexity which prevents eligible persons from initiating or completing the application process. Specific administrative problems noted by witnesses include: complex and lengthy application forms; waiting periods of more than thirty days for food stamp certification and of more than five days for expedited services; and understaffing of local food stamp offices.

Limited mobility was reported to be a major barrier to participation for those with physical handicaps or those who lack transportation, particularly among the elderly and the rural poor. For the potentially eligible of all ages, the negative social stigma associated with food stamps limits utilization of the program. Witnesses report many persons are too proud or embarrassed to apply for the food benefits they need and are eligible to receive.

Causes for low program participation specific to the eligible homeless include the complex process of documenting identity, residence and income, and the often incorrect assumption by food stamp caseworkers that homeless persons who sleep in shelters, not outside, are receiving over 50 percent of their meals from these facilities on a routine basis. Under this assumption, the homeless are considered residents of an "institution" and thus ineligible for benefits. Lack of cooking and food preparation facilities were also reported to discourage many eligible homeless persons from applying for food stamps or utilizing them effectively once they have received them. According to testimony present, "Once you receive food stamps and are homeless, what do you do with them. You cannot cook. You do not carry a refrigerator on your back. You do not have a shelf and a place to store food. You do not even have cooking utensils. So, this particular group which needs food stamps more than any other is not making use of them."

For migrant farmworkers and their families, obstacles include limited physical access to food stamp offices, the lack of targeted program information, and language and cultural differences. The existing definition of a household for eligibility determination has also been cited as a barrier to participation for migrants. According to a representative of a migrant legal services organization, one of the greatest problems migrants must contend with in the Food Stamp Program "is the problem with the household definition." The household definition assumes that all siblings and parents living in one dwelling unit purchase, prepare and consume food together. As a result, all residents are considered a single household. Many migrant families must resort to multiple family occupancy of single dwelling units, although they do not share resources for food. Consequently, they are penalized by receiving reduced food stamp benefits. Testimony also noted that migrant and seasonal farmworkers experience difficulties in documenting monthly income due to fluctuations in the availability of work and problems obtaining documentation from their employers.

Information gathered at Select Committee hearings identified several initiatives designed to improve Food Stamp Program participation. Officials from New York and Texas discussed the improved participation that has resulted from their state-sponsored food stamp outreach programs. The Committee was also informed of the National Advertising council's non-profit food stamp advertising campaign designed to disseminate information to the public about food stamps and encourage pesons who are potentially eligible to apply. Through the use of public service television, radio, newspaper, magazine and billboard advertisements, the effort is made to inform persons of the availability of food stamp benefits and to reduce the negative stigma associated with participating in the program. For persons interested in pursuing the application for benefits, a toll free number for obtaining further information about the process is provided.

### *The Special Supplemental Food Program for Women, Infants and the Commodity Supplemental Feeding Program Temporary Emergency Food Assistance Program (TEFAP) and the Commodity Suplemental Feeding Program (CSFP)*

Testimony for improving utilization of these programs has focused on the number of potentially-eligible at-risk persons who are prevented from participating because of restricted funding, lack of program outreach to those at highest risk, and physical access limitations in both rural and urban areas.

Current federal law and regulations require that upper limit income criteria for participation in the WIC program be no higher than 185 percent of the poverty level. In addition to meeting the income eligibility criteria, applicants must be determined to be at nutritional risk by a health professional. Nationally, the WIC program serves roughly 39 percent of those who are income eligible. In many areas represented by witnesses appearing before the Committee, the percentage of eligible served is considerably lower, even when state supplemental funding has been provided to expand services.

While there are no national data on the numbers of percentages of eligible persons receiving elderly nutrition services (the Title III congregate and home-delivered meals programs and the Commodity Supplemental Food Program for the elderly), several witnesses have documented a significant level of unmet need and long waiting lists for these programs. This unmet need has been frequently attributed to the growing number of frail elderly. The recent implementation of Medicare reform legislation requiring that hospital reimbursemets be based upon Diagnosis-Related Groups (DRG's) is compounding this dilemma. As a result of changes made under this legislation, hospital stays are shortened and a greater number of frail, home-bound low-income elderly require the aid of home-delivered meals or commodities.

*2. Committee Activities.*—Eight Select Committee hearings yielded information on the need for improved utilization of the federal food assistance programs by eligible persons, particularly those within vulnerable demographic groups. In addition, as a part of the Committee's investigation of private efforts to improve the utilization of food assistance programs, information was disseminated to all House Members on the Food Stamp Program information campaign sponsored by the National Advertising Council.

*3. Conclusions.*—Witnesses strongly recommended improving the accessibility of federal food assistance programs through changes in the administration of these programs; the alleviation of barriers to participation; aggressive outreach efforts to those most vulnerable groups; expanded caseloads for capped grant programs; and improved efficiency in program operations to maximize all available resources.

Several witnesses suggested improved program information which could be implemented through private/public cooperative efforts administered by local Community Food and Nutrition Programs. Specific methods suggested for improving program information include: public and private interagency referrals to appropriate food assistance offices; direct assistance in the application process by non-food stamp personnel; food assistance information hotlines; expanded program information at settings where the at-risk populations may congregate, such as homeless shelters, elderly meal program sites, senior citizen centers, and migrant farmworker camps; pre-release applications for the potentially homeless individuals at mental and penal institutions before they are discharged or released; and the use of food stamps by the homeless for prepared meals at non-profit feeding establishments such as soup kitchens, shelters and restaurants.

Witnesses recommended providing greater physical access to food stamp offices through initiatives such as transportation programs and expanded food stamp office sites and hours.

To reduce the negative stigma of the program, it was recommended that methods be explored to expand the use of credit cards in place of food stamps for all program participants. One such effort is the U.S. Department of Agriculture initiated demonstration project currently funded by the State of Pennsylvania, which was discussed at several Select Committee hearings as a method for improving the delivery of food stamps and reducing the social stigma of using food stamps at grocery stores. This Electronic Benefit Transfer Demonstration Project in the City of Reading uses credit card technology and on-line systems instead of paper food coupons. The project has received positive evaluations by the USDA and participants who are reported to find the cards preferable to coupons. Nevertheless, because of the high cost to date for implementing such a system in retail outlets, witnesses noted the system may not be ready for nationwide replication.

For the elderly, witnesses recommended expanding the pilot food stamp cash-out programs which provide cash to the elderly in lieu of food stamp coupons. This system has been documented to reduce the stigma of food stamps and increase participation.

(NOTE.—Conclusions on alleviating the administrative barriers to participation are in the section below on program coordination and simplification.)

## B. SOCIO-ECONOMIC FACTORS ASSOCIATED WITH POVERTY AND HUNGER

*1. Issue Description.*—People suffer from, or are susceptible to hunger because they are poor. Select Committee investigations have revealed a myriad of socio-economic factors associated with poverty and hunger which, collectively, account for the prevalence of these conditions. Although federal, state, and local governments spend over $130 billion each year on various programs designed to alleviate these problems, millions of Americans continue to suffer from hunger.

Testimony presented by social policy experts indicates that economic variables are among the strongest factors contributing to poverty. One such important variable is economic dislocation resulting from the transformation of the manufacturing to a service-oriented and high technology society/economy. This situation is especially acute in certain regions of the country, characterized by single-product economies, such as coal, wood, textiles, or apparel, with boom-and-bust cycles. Due to the structural changes in the economy occurring over the past decade, many workers lacking the education and skills to make the transition have migrated to low-wage jobs.

The availability of employment for this segment of the workforce, however, does not assure protection against poverty. According to statements received by the Select Committee, two-thirds of the non-elderly poor—approximately two million persons—reside in households where someone is employed during the entire year in a full-time position. This particular group has grown by roughly 60 percent since 1978. A worker earning the minimum wage rate of $3.35 per hour has an annual gross income of $6,968, an amount about $4,000 below the poverty threshold for a family of four. Consequently high unemployment has also been a component in the perpetuation of poverty. The national rate of unemployment has remained above seven percent for six consecutive years. The number of long-term unemployed persons increased by roughly 56 percent between 1980 and 1985. At the same time, the duration of unemployment benefits has drastically reduced. One witness reported that prior to 1981, unemployed workers in Texas were eligible to receive up to 32 weeks of benefits; the current maximum duration of compensation is 26 weeks.

Declining economic conditions accounting for steep poverty rates are not unique to urban dwellers. A 1986 study jointly produced by USDA and the Census Bureau indicates a similar trend among rural-dwelling farm families. One witness presenting data from this document, told the Committee that median family income for farm families in 1983 was only three fourths that of non-farm families. Similarly, the poverty rate for farm families totalled 24 percent—eight percentage points higher than that of their urban counterparts.

Family structure is frequently referenced as a major issue in the discussion of socio-economic factors associated with poverty. Female-headed households are more likely to live in poverty than are households headed by two parents. Although female-headed families with young children constituted only 16 percent of all families with young children in 1984, they represented half of those who were poor in such families—more than five times the rate of two-parent households. However, according to testimony received by the Committee, it was not until 1984 that the number of female-headed households in poverty surpassed the number of two-parent households in poverty. Although the causes for the high proportion of female-headed households in poverty vary widely, witnesses participating in Select Committee hearings have cited obtaining child care while attempting to secure skills training and employment; the high incidence of teenage pregnancy; and the lack of adequate financial support by absent parents as the primary contributing factor to their poverty.

Select Committee witnesses have testified that poverty is exacerbated by inadequacy of benefits provided through major assistance programs. There is an extensive network of Federal income maintenance programs designed to increase resources for poor people; yet, according to witnesses appearing at Select Committee hearings, even when these benefits are combined, the vast majority of beneficiaries remain in poverty.

The Aid to Families with Dependent Children Program (AFDC) serves as the principal Federal cash assistance program for poor children and their caretakers. Program costs are shared by the States and the Federal Government; and states have discretionary authority to determine eligibility criteria. Despite their economic condition, two-parent families in 24 states are ineligible to participate in the program. In states providing benefits to two-parent families, the principal wage earner must be either unemployed or employed for less than 99 hours per month to maintain eligibility. Because states are also authorized to designate grant allotments, benefit rates vary widely across the country. As of January, 1986, monthly AFDC benefits to a single-parent family of three with no countable income ranged from $118 in Alabama to $740 in Alaska.

Approximately 75 percent of the families participating in the AFDC Program receive food stamp benefits to supplement their food purchasing power. Combined AFDC and food stamp benefits for a four-person family without countable income (in the median AFDC state) have declined by approximately 22 percent since 1971. With the exception of two states, Alaska and New York (Suffolk County), even when maximum AFDC and food stamp benefits are combined, a single-parent family of three can remain in poverty.

Although poverty among the elderly has been greatly reduced, this population group still faces many hardships. Based on statements presented to the Committee, the principal sources of assistance for the elderly, Social Security and Supplemental Security Income (SSI), even when combined, provide an income which reaches only 75 percent of the poverty level for an individual and 90 percent of the poverty level for a couple.

Homelessness is the most visible socio-economic factor related to poverty. There is a wide variance in estimates of the number of homeless individuals in this country. However, no matter which source of numbers is used, it is evident that the homeless comprise a significant sub-group of those individuals in poverty. According to several witnesses, this condition is the result of numerous variables including an increasing shortage of low-income housing, changes in mental health policies for th chronically mentally ill, insufficient income, unemployment substance abuse and underemployment.

*2. Committee Activities.*—The Select Committee conducted six hearings providing a direct focus on the socio-economic factors associated with poverty and hunger in the United States. Additionally, the Committee has visited shelter facilities for the homeless and food pantries and soup kitchens providing emergency food services to low-income persons to discuss the causes of their poverty.

*3. Conclusions.*—Because the causes of poverty are multidimensional, a number of approaches must be explored and executed if this condition is to be alleviated. The poverty population must be disaggregated and population groups considered separately for effective policy formation and program development. For example, in addressing the problems of the "working poor", thought should be given to tax reforms including: (1) expanding the earned income tax credit (EITC); (2) making the child care tax credit refundable; (3) converting the personal exemption to a refundable credit for individuals who do not itemize; and (4) encouraging states to adhere to the Federal policy which removes the poor from income tax codes. There are a number of focuses which must be taken to remedy the homelessness problem in this country. Foremost is the need for affordable housing for low-income persons. The portion of the homeless population who suffer from mental illness require access to counseling and community services. Additionally, there is need for more coordination among the federal, state and local governments and private agencies to provide emergency shelter and adequate support services to assist the homeless in making the transition from shelter to independent living. In view of the declining real value of public assistance benefits, consideration should be given to revising rates to more accurately reflect the actual cost of living.

### C. COORDINATION AND SIMPLIFICATION OF PUBLIC ASSISTANCE PROGRAMS

*1. Issue description.*—There is a broad array of federal programs designed to assist low-income, needy and/or distressed individuals and families maintain a decent standard of living. Several congressional committees have legislative authority over these programs and a number of federal agencies administer them. However, it is at the state and local level that the impact of fragmentation is most acute. Public assistance program administrators and participants have testified before the Select Committee that the fragmented and contradictory application and certification requirements create barriers for potential participants and breed management problems.

Applicants for these programs encounter innumerable obstacles before they can gain access to the benefits designed to assist them in meeting their basic needs. Frequently, families in need must travel from agency to agency in the quest for services. One program administrator reported to the Select Committee that although there is an overlap among individuals receiving AFDC, food stamps, low-income energy assistance and medical assistance, state and local agencies responsible for administering these programs have separate policies for determining eligibility for participation. This administrator further stated that a single applicant can spend between three and four days completing the procedures required for participation in these programs.

The overly burdensome application process creates difficulties for program workers as well. The Select Committee heard from one witness that caseworkers frequently complete 50 pages of forms for each applicant of the AFDC and Food Stamp Programs, and 60 pages for each person applying for SSI and food stamp benefits. This witness advised the Committee that simplification of the public assistance network had great potential for reducing program cost, error rates and fraud.

Furthermore, even when criteria for participation in different programs are similar, a system to facilitate the sharing of client information among separate programs is not in place. One witness informed the Select Committee of the need to better coordinate the WIC and Medicaid Programs. Even though both programs have similar requirements for receipt of benefits, application information is not shared and program caseworkers must use separate intake efforts and maintain separate records even though most children are eligible for both programs.

*2. Committee Activities.*—The Select Committee held a hearing which focused solely on the issue of program simplification and coordination. However, the need for better coordination and simplification of programs was raised at several of the Committee's investigations of domestic hunger.

Subsequent to this hearing, in November 1985, the Committee Chairmen and Ranking Minority Member, along with the Chairmen and Ranking Minority Members of the Subcommittees on Public Assistance and Unemployment Compensation and Domestic Marketing, Consumer Relations and Nutrition, requested the General Accounting Office (GAO) to provide the Congress with a series of reports on this issue. GAO has, so far, provided the Committee with three reports: "Needs-Based Programs, Eligibility and Benefit Factors, July 1986; Welfare Simplification, Projects to Coordinate Services for Low-Income Families, August, 1986; and Welfare Simplification, Thirty-Two States' Views on Coordinating Services for Low-Income Families." During the coming year, GAO will provide the Committee with an analysis of additional state officials' views on coordination and simplification. Additionally, GAO will issue a final report on this issue.

*3. Conclusions.*—From 1970 to 1985, at least 50 service integration demonstration projects have been completed. However, there has not been a major effort to learn from the successes of these various pilot projects. Instead, the government continues to fund more pilot projects to test program integration, such as those most recently authorized under the Deficit Reduction Act of 1984. Based on what has been learned from these projects, action should be taken to improve human service programs.

The need for coordination and simplification of income-security programs is not a new idea and there have been many attempts to make these programs both more efficient and effective. However, program coordination and simplification are not easily achieved. There are several issues which must be resolved before meaningful change can take place. First, there is not a universally agreed-upon definition of "service integration." To some, it means co-location of service providers, combined case management, common application forms, and shared client data. To others, it means accountability and accessibility combined with efficient and effective services provided at the most reasonable cost. Unless there can be more agreement on the problem, it is unlikely that there will be any long-term solution.

Further, many of the legislative differences among the programs exist because Congress perceived a need to provide aid to categorical groups of persons, thus attempts to better coordinate and simplify these programs must be considered in this context.

Important issues on which future investigations should be focused include: 1) the capability of a one-stop/integrated services concept to simultaneously eliminate the administrative complexity in delivering human services and improving services to recipients; 2) the extent to which past demonstration projects can be universally utilized; 3) the role federal, state and local governments can pursue in providing recipients with a simplified and coordinated public assistance benefit structure; and 4) the interaction of various public assistance programs and their effect on participation and benefit levels.

### D. HEALTH CONSEQUENCES OF HUNGER

*1. Issue Description.*—Several medical witnesses before the Select Committee have described the damages to health resulting from short- or long-term hunger. Pregnant and postpartum women, infants, children, the elderly, the homeless and migrant and seasonal farmworkers were documented to be the groups in our nation most vulnerable to the health consequences of hunger. It is important to note that the medial research presented to the Select Committee also demonstrates that socioeconomic factors further complicate these health consequences.

#### *Pregnant Women and Infants*

The Select Committee received documentation of undernutrition among pregnant women from two local areas. Examples of documentation include: New Mexico, where 18 percent of pregnant women entering the WIC program were reported to be underweight; and Minneapolis, where a study of the pregnant women applying for WIC, revealed 33 percent had iron deficiency anemia. While these data cannot be assumed to be representative of the low-income population in general, they do indicate that undernutrition is prevalent among these sample populations.

It is widely agreed that nutrition is an important determinant of pregnancy outcome. Women who are undernourished during pregnancy are at severe risk of miscarriage, stillbirth or bearing a low birthweight infant (less than five and one-half pounds at birth). Low birthweight infants have a greater likelihood than normal weight infants of suffering from birth defects, neural developmental handicaps, and learning disorders. Moreover, a low birthweight infant is 20 times more likely to die during the first year of life than an infant born at normal weight.

The infant mortality rate (IMR), the rate of infant deaths per 1,000 live births, is one indicator of the prevalence of inadequate nutrition in a population. Inadequate nutrition is not the only cause of infant mortality. Other factors which place women at high risk of delivering a low-birthweight baby include late or no prenatal care, smoking, substance abuse, poor medical history, age of mother, and frequency of pregnancy. Beginning in 1980 the nation's history of improvements in infant health significantly regressed. Between 1980 and 1984, the IMR improved at an average annual rate of only 3.8%—a considerable decline from the rate of improvement throughout the 1970's. These worsening infant health statistics parallel the rise in emergency food assistance needs among low-income women and children in the first half of the 1980's.

In 1984, the U.S. IMR was 10.8 infant deaths per 1,000 live births (representing a total of 39,580 deaths). The disaggregated infant health statistics reveal higher IMR's among many of our nation's poorest demographic groups. For Blacks the infant mortality rate is 18.4/1000 live births—approximately two times the rate for whites (9.4/1000 live births). In 1983, (the latest year for which county specific IMR's have been published) the IMR in the 85 rural counties with poverty rates of at least 33.3 percent was nearly one and one-half times the national average (16.3/1000). Included among these counties are Indian reservations and the poorest communities of rural Appalachia in which the Committee has also documented a great need for emergency food assistance. The Committee has also received reports of very high IMR's in urban areas. For example, four of the poorest neighborhoods in New York City have rates ranging from 19.3 to 22.6/1000.

### *Children*

Physicians from major hospitals in Chicago and Boston reported cases of third degree malnutrition among children treated at their health care facilities. Despite the existing network of domestic food assistance programs designed to improve the nutritional status of children, in some cases, pediatric patients were found to suffer from severe protein/calorie deficiency accompanied by other symptoms usually found in less-developed nations; in other cases, may be due to parental neglect. Physicians report the mental development of such children is irreversibly damaged because of the impact on the brain during critical stages of development.

Physicians from around the nation presented testimony on the health consequences for less severe nutritional deficiencies. These include stunted growth and development, behavioral and learning problems, and a greater susceptibility to infections and disease. The Select Committee learned that inadequate food intake causing only deficiencies in specific vitamins or minerals also can have severe long-term health consequences of children. The most common mineral deficiency among low-income children in this country is iron-deficiency anemia. Witnesses summarizing the medical literature on this subject stated that iron deficiency, even before it can be detected by a blood test, negatively affects a child's ability to learn. With adequate intervention, such as the supplemental foods provided in the WIC Program, the negative consequences of most of these conditions can be reversed.

### *Elderly*

The Select Committee received data from the Nutrition Surveillance Program of New York State revealing that one in five of the frail or home-bound elderly in New York City who are not receiving home-delivered meals go without eating for one or more days. Older adults who go without food for short or long periods of time can severely compromise their health. Physicians testified that undernutrition reduces the overall resistance to disease, decreases their ability to heal from infections, and can worsen existing chronic disease. A physician treating elderly patients at a hospital in Little Rock, Arkansas reported that while some elderly may suffer from undernutrition as a result of disease, his elderly patients are increasingly coming to the hospital "with primary protein calorie malnutrition that directly results from an inadequate intake of food."

### *The Homeless*

While there are few statistical data available on the health status of the homeless, existing data presented at the Select Committee hearings revealed that the special nutritional needs of the homeless—those with chronic disease, families with children, and the elderly—are often not being met under present conditions, even when they receive meals in the shelter facilities and soup kitchens. The high incidence of hypertension and heart disease among homeless adults and chronic infections among the homeless of all ages places them at particular health risk if they are undernourished for even short periods.

### *Migrant and Seasonal Farmworkers*

A January 1986 study released by the U.S. Department of Agriculture reports that the incidence of malnutrition among migrants is higher than any other subpopulation in the nation. In survey results presented to the Select Committee by Georgetown University's Child Development Center, health professionals from 65 migrant health clinics identified specific nutrition related health problems among migrant farmworker families. Forty percent identified anemia and 40 percent identified infections as "major nutrition related problems" for migrant farmworkers. Additional reports cited by witnesses demonstrate that the migrant and seasonal farmworker populations have a rate of parasitic infection (estimated to be 11 to 59 times higher than the general U.S. population), high infant mortality, growth stunting, widespread chronic diarrhea, and vitamin A deficiency—all conditions either caused or aggravated by the high rate of undernutrition.

2. *Committee Activities.*—Witnesses at eight hearings have presented data from medical and nutritional studies and first-hand clinical experience on the health consequences of hunger among low-income persons in the U.S. In 1984, Committee Members visited a neonatal intensive care unit and WIC clinic in San Francisco to observe the women, infants and children in need of nutrition intervention. Medical and nutrition experts made presentations to

the Members on the health consequences of hunger on pregnant women, infants and children.

*3. Conclusions.*—Witnesses at several hearings emphasized the need for improved integration of health services and food assistance programs to improve the identification and interagency referral of individuals and families in need of food assistance, social services and/or health care.

### E. PROMOTING SELF-SUFFICIENCY

*1. Issue Description.*—Millions of Americans lack marketable skills necessary to assure access to employment with wages that will allow them to become economically independent. Once the expenses of shelter, utilities and other living necessities are met, many poor families are left with insufficient funds to purchase an adequate diet on an on-going basis. In any instance, even the assistance of food stamp benefits are not enough and they must seek additional nutrition assistance from emergency food providers. Without the benefits of education, skills training and job placement services, many recipients of AFDC benefits, workers suffering dislocation as a result of industry declines, economically disadvantaged youth, and persons who are homeless have few alternatives to participation in public assistance programs. Select Committee investigations indicate that initiatives which provide the tools to empower low-income persons to achieve economic self-reliance offer the most effective long-term solutions to their poverty and hunger problems.

During this decade, Congress has enacted legislation authorizing states to implement programs to provide most of these targeted populations with training, education and job search skills. These include: the Omnibus Reconciliation Act of 1981 which granted states unprecedented flexibility in designing and implementing work-related programs for AFDC recipients; the Food Security Act of 1985 which requires that each state develop an employment and training program to aid food stamp recipients acquire training or experience to increase their ability to obtain regular employment; and, the Job Training Partnership Act of 1982 (JTPA) which established a network of job training services for economically disadvantaged and dislocated workers. Although the framework to enable self-sufficiency is in place, witnesses have attested to the need for better integration of existing services to assure that more individuals are afforded the benefits of employment and training.

Committee examinations reveal that single parents with limited financial resources often face overwhelming barriers in their efforts to become self-sufficient. Witnesses informed the Select Committee that the most prominent obstacles to achieving self-sufficiency include the lack of available transportation, adequate child care alternatives, employment training services, and well-paying jobs. One witness, a single mother participating in a community-based self-help program, testified that receiving AFDC, food stamp, and WIC benefits had been her only means of survival. Without a husband to help her financially or a high school diploma to qualify her for a job that paid more than the minimum wage, she had few prospects of escaping poverty. Another witness, who had acquired a General Equivalency Diploma (GED) testified that the limited number of jobs for which she qualified did not offer wages sufficient to meet her family's basic living expenses.

Administrators of state employment and training programs designed to assist low-income individuals make the transition from dependence on public assistance to the workforce report that program sponsors should have the flexibility to tailor services to the unique needs of the participants. Additionally, they indicate that for single parents, temporary maintenance of support services such as transportation, child care, and medical assistance are essential to a successful program and offer viable incentives for participation. It was also noted that sponsors should have the flexibility to tailor programs to the unique needs of the participants.

*2. Committee Activities.*—The Select Committee conducted one hearing to examine the role of self-help programs in overall efforts to alleviate poverty problems in this country. Although not a new concept, self-help initiatives are expanding throughout the country and have been among the topics addressed in other Select Committee hearings. The Committee is currently preparing a questionnaire to be distributed to community-based organizations sponsoring services to help alleviate poverty and hunger. The information gathered through this survey will form the foundation of a report on innovative methods for empowering low-income individuals to help themselves.

*3. Conclusions.*—Individuals testifying on self-help efforts emphasized the need for disaggregating the poverty population and designing programs which are responsive to specific sub-groups. Witnesses also noted the need for providing post-employment services to assist in job retention to assist in minimizing the difficulties welfare recipients face in making the transition to the labor force. Other witnesses suggested that efforts be made to improve integration of the welfare and employment and training systems in order to facilitate enrollment in job training and placement programs for a greater number of eligible individuals.

### F. NUTRITION MONITORING

*1. Issue Description.*—Presently there is no national hunger monitoring program in place. While state and local reports on hunger consistently reveal an increase in the number of people seeking emergency food assistance, families depleting their supply of food stamps before the end of each month, and the private sector's inability to meet the growing demand, these data provide only an indirect measure of hunger. Further, such data are only available in areas where special studies have been conducted by private, state or local government agencies.

Physicians testifying before the Select Committee have reported clinical cases of severe undernutrition among low-income children treated at hospital clinics in urban areas. However, without a more expansive reporting system to compile the information on such children these data are also limited to those areas where physicians voluntarily provide reports.

Many witnesses have testified that current national and state nutrition monitoring efforts do not collect, analyze and report regular and timely data on hunger and related disease. Testimony identified the need for changes in the Health and Human Services National Health and Nutrition Examination Survey (NHANES), the USDA Nationwide Food Consumption Survey (NFCS), and the HHS Centers for Disease Control's (CDC) nutrition surveillance program of children and pregnant and postpartum women. The Committee also learned that states need technical assistance from HHS and USDA to initiate or improve state and local hunger surveillance.

The NFCS and NHANES have not been coordinated in their methodology or sampling frames. Both the NFCS and NHANES contain data on national food consumption. NHANES also includes health and nutritional status data. The latest NHANES (based on data collected between 1976 and 1980) is outdated. The most recent USDA food consumption survey was conducted in 1985, but it analyzes only the average intake of low-income women and children up to age five, not the prevalence of undernutrition among these groups. Moreover, witnesses noted the NCHS and USDA surveys do not provide information on regular or occasional food shortages among low-income households.

The national surveys are also limited in their analysis of hunger nationwide because they do not collect information on certain population groups who have been identified as particularly vulnerable. The homeless and migrant workers are excluded because the sampling frames of the surveys are based on home addresses. The elderly (over age 74) have also been routinely excluded from the surveys. The omission of such at-risk populations from the national surveys could lead to underestimates of the extent of hunger in the general population and indicates a gap in information on the effectiveness of federal food assistance programs in alleviating hunger.

Physicians testifying before the Select Committee revealed the current CDC nutrition surveillance system is also severely limited in its ability to assess the extent of undernutrition in the U.S. The CDC nutrition surveillance summaries are not published on a timely basis (the summary of 1984 data will not be released until the end of 1986 or the beginning of 1987) and represent data on low-income children from only 34 states and on low-income pregnant and postpartum women from only 14 states. More importantly, the survey relies solely on measurements taken in the course of regular health care in public clinic settings, excluding those who do not or cannot get preventive care in these clinics. Medical witnesses noted that many of the low-income children they have diagnosed with severe undernutrition at outpatient hospital clinics were not participating in the public health system, and thus are among those not identified by the CDC surveillance system.

In 1985, CDC's Division of Nutrition initiated a pilot project to investigate the possibility of expanding the surveillance program beyond public health screening clinics to hospital settings. At Grady Hospital in Atlanta, the Division has begun testing such a system.

*2. Committee Activities.*—At four Select Committee hearings the need for an improved national hunger monitoring system was addressed. As a result of the testimony presented at the hearing on "Health Consequences of Hunger On U.S. Infants and Children", Members of the Committee worked with the House Appropriations Subcommittee on Labor-Health and Human Services-Education to secure the inclusion of one million dollars in the fiscal year 1987 Continuing Resolution to expand the CDC nutrition surveillance system by testing the methodology for a hospital-based surveillance system for severe undernutrition among children in two statewide demonstration projects.

*3. Conclusions.*—Recommendations submitted to the Committee to improve the national monitoring of hunger include changes in the NFCS and NHANES and the initiation of federal technical assistance to states to encourage state and local hunger surveillance and improve the targeting of federal food assistance.

With regard to the CDC nutrition surveillance system, witnesses suggested more timely analysis of the data, expansion of the data collection beyond public health clinics, and improved training of medical practioners to assure the identification of hunger among patients and proper referrals for health, food and social services.

Improving the national surveys to identify the prevalence of hunger among high risk groups and to closely monitor changes in hunger over time can provide guidance for public and private programs designed to assist low-income individuals and families in meeting their food aid needs.

## SECTION 4: ADDITIONAL VIEWS

### I. ADDITIONAL VIEWS SUBMITTED BY MRS. ROUKEMA

This Report properly discusses "Socio-Economic Factors Associated with Poverty and Hunger." The Committee has spent considerable time examining such factors, which are important components of the hunger problem.

Committee hearings affirmed that the causes of poverty and hunger are many and complex. As the Report explains, one set of causes is economically related. However, the Report gives too little emphasis to the profound changes in social dynamics in our country which also contribute to poverty and hunger.

The structure and function of the American family are changing in fundamental ways. A 1982 Census Bureau study showed that the decline in the proportion of traditional husband-wife families and the increase in mother-only families has greatly affected family income levels. The rapid growth of female-headed households is a social phenomenon of the last 25 years, due in part to the increase in out-of-wedlock births and divorce rates.

This country's social experiment of deinstitutionalizing the mentally ill has largely failed in its purpose of treating this population more humanely. It has resulted, instead, in many mentally-ill persons being without proper shelter or nutrition. In addition, and as the Report briefly mentions but does not sufficiently emphasize, the trend toward increased drug and alcohol abuse has had a debilitating effect on many in the U.S., contributing to poverty and hunger.

Because there are many trends contributing to the problems of poverty and hunger, there can be no simple solutions. Clearly, economic factors are important. But we over-simplify the problem if we fail to recognize that there are also complex social changes occurring which contribute to hunger. We ignore that complexity at our peril. There is no single cause of poverty, nor a single cure. The Committee has done a good job in starting to look at these socio-economic factors and should expand its efforts in the next Congress.

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